East Amwell Township
Application for Use of Facilities

APPLICANT:_____

ADDRESS:_____

ADDRESS: _____

Person Responsible:

Name:_____Title:_____

Address:_____

Telephone: (H)_____(C)_____(W) _____

The Applicant requests the use of the facilities listed below:

Name and Location of Facility: _____

_____

_____

For the following purpose:

_____

(State the Purpose)

on the following date(s): _____

Specify the hours of use: From:_____To_____

Number of people to attend: _____

Will juveniles be present? Yes ___ No ___ If Yes, what ages? _____

If juveniles will be present, the Applicant must submit the names, addresses, and telephone numbers of chaperones prior to event.

_____

_____

_____

Applicant has received a copy of the **Municipality Use of Facilities Agreement** and agrees to abide by and comply with the terms of that Agreement.

APPLICANT:_____DATE: _____

Signature

Note: Municipality has the right, in its sole discretion, to deny, limit, or revoke the use of requested facility(ies) when in the opinion of the Municipality the use presents a risk of unreasonable injury to persons or damage to property of the Municipality or others.