

USER PERMIT RECREATION / PARKS FACILITY APPLICATION

DATE: _____

APPLICANT:

ORGANIZATION _____ CONTACT PERSON _____
If Applicable

ORGANIZATION ADDRESS _____

CONTACT PERSON ADDRESS _____
Street City State Zip

CONTACT EMAIL _____ PHONE _____ / _____
Cell Home

FACILITY:

Requested Park / Facility _____

Requested Date(s) _____ Requested Time (Begin) _____ AM/PM (End) _____ AM/PM

EVENT SPECIFICATIONS:

Purpose _____ Estimated Attendees _____

Special Preparation (ie. Lights) _____

APPLICATION:

1. Sign application (a certificate of insurance naming Lawrence Township as a second insured may be required and accompany signed application and fee). Make all checks payable to the Township of Lawrence.
2. Rain Date must be reserved in advance. Rained out events must be reported the next business date. There will be no refunds.
3. Permits will be issued on a first come, first serve basis and are non-transferable.
4. Rental fee is \$45.00 for each 3 hours. (Athletic fields \$90/3 hours without lights, \$150/3hours with lights). Non-residents are required to pay twice the fee.

RULES

1. All park rules must be followed.
2. Alcoholic beverages are prohibited.
3. No inflatables or sound amplification permitted.
4. Permit must be available at event.
5. Parking is permitted only in designated spaces. Attendance may not exceed estimate as detailed above.
6. User is responsible for the removal from the site of all trash at the conclusion of the event.
7. User must leave a \$250 deposit. Deposit must be received one week prior to the event. Deposit may be picked up one full week after event.
8. Park shall only be used for the time period applicable on the park user permit and not beyond 9:00 pm.
9. Violation of any of the above rules or infractions shall be cause for forfeiture of security deposit and future permit privileges.

I understand the Rules as indicated above and agree to comply with all rules and that the deposit will be forfeited for failure to adhere to these rules.

Name (Print) Signature Date

ADMINISTRATIVE PURPOSES ONLY

Date / _____
Receipt # _____ Check # _____ Denied _____ Fee

Reason for denial _____ Approved by _____