

Jeffrey S. Martin
Mayor



Kathleen Fitzgerald, Director
Nicole Zoller, Recreation Supervisor

Hamilton Township Department of Health, Recreation, Senior and Veteran Services

Division of Recreation - 2388 Kuser Road Hamilton, NJ 08690 • Phone: 609-890-4028 Fax: 609-890-4032

FIELD USAGE REQUEST

NAME OF ORGANIZATION: _____			
CONTACT PERSON: _____		EMAIL: _____	
_____ ()			
(ADDRESS)	CITY, STATE, ZIP CODE	TELEPHONE	
• Is the organization based within Hamilton Township? (please circle one)	YES	NO	
• What percentage of your participants are Hamilton Residents? _____			
• Is the event for children and/or adults? (please circle one or both if necessary)			
• Will a fee be charged for admission? (please circle one)	YES	NO	
• Proceeds to be used for: _____	(i.e., fundraising, profit, etc.)		
• List <u>all</u> date(s) requested: (Be specific!) _____			

Circle day(s) of the weekday(s) requested:	MON.	TUES.	WED. THURS. FRI.
TIME: From: _____	To: _____		Estimated Attendance: _____
Circle day(s) of the weekend(s) requested:	SAT.	SUN.	
TIME: From: _____	To: _____		Estimated Attendance: _____

DESIRED FIELD / COURTS: (PLEASE CHECK)

- | | | |
|---|---|---|
| <input type="checkbox"/> Cornell Heights (Softball) | <input type="checkbox"/> McGlone (Softball) | <input type="checkbox"/> Warwick (2) (Softball) |
| <input type="checkbox"/> DeMeo (Baseball) | <input type="checkbox"/> New Field (1) (Soccer) | <input type="checkbox"/> Warwick (1) (Softball) |
| <input type="checkbox"/> Kater (Soccer) | <input type="checkbox"/> New Field (2) Soccer | |
| <input type="checkbox"/> Kurlander (Soccer) | <input type="checkbox"/> Pickleball/Tennis Courts – How many? _____ | |

CERTIFICATE OF INSURANCE

Township of Hamilton carries insurance covering its legal liability. The Township of Hamilton assumes no liability as to the licensee or user organization. The Township of Hamilton requires that the licensee or user organization complete and provide a **Certificate of Insurance, naming the Township of Hamilton as an additional Insured Township of Hamilton, Division of Recreation, 2388 Kuser Road, Hamilton, NJ 08690 as Certificate Holder.** The minimum amount of insurance coverage for personal injury required shall be \$1,000,000 and as to property damage shall be \$1,000,000. The General Liability policy shall not contain a Designated Location limitation. **The Certificate of Insurance must accompany this form, or the request cannot be approved.** All outside vendors must have a Certificate of Insurance, or they will not be allowed on Township property. All food trucks and ice cream trucks that come onto Township property must have a Certificate of Insurance, including automobile liability and must be inspected by the Hamilton Township Division of Health.

By signing below you agree to all terms and conditions described above.

Signature of Applicant: _____ Date: _____

Print Name: _____ Email: _____

***THIS APPLICATION MUST BE RETURNED TO THE TOWNSHIP OF HAMILTON, DIVISION OF RECREATION NO LESS THEN 30 DAYS BEFORE THE SCHEDULED EVENT, FAILURE TO DO SO MAY RESULT IN DENIAL OF REQUEST. PLEASE NOTE THIS IS JUST A REQUEST, AND DOES NOT GUARANTEE A PERMIT WILL BE ISSUED.**

FEES:

Court Lights: \$20.00 per 1.5hr
Courts: \$25.00 per court(s)
Field Lights: \$50.00 per usage
Food Retail License \$75.00 per event/ \$125 yearly
Sports Fields \$75.00 per usage
Tennis Tournament fee: \$300.00 per tournament

FEES SUBJECT TO CHANGE

OFFICE USE ONLY

APPROVED

_____ APPROVED _____ NOT APPROVED _____ DATE _____
(Township of Hamilton)

(Township of Hamilton or Designee Print Name)