

Memo

To: Sonny Freit, Recreation Director
From: Rosemary, Clean Communities/Community Development
CC: Clean Communities Committee and Township Manager
Date: September 17, 2015
Re: October 24, 2015 Clean Up Day – 8:30 am to 11:30 am

Please be advised that our next Clean Communities Clean up Day is scheduled for October 24, 2015 at 8:30 am to 11:30 am.

Attached is the paperwork that must be filled out and returned by October 17, 2015 in order for the organizations to participate in the clean up.

Each chaperone must come to the Township Municipal Building at 8:30 am to sign in for the organization and pick up their equipment. At 11:30 am all trash and recycling will be bagged and put at the curb for the road department to pick up. All equipment will need to be returned to the Township Municipal Building which will be checked and logged in by a member of the Clean Communities Committee.

Please provide me with a list of township properties that you feel are in need of being cleaned so the committee can start working out a schedule for the day

Thank you for your help!

FORM OF IDENTITY

NAME OF ORGANIZATION:

Email address: _____

Emergency Contact# _____

CHAPERONE/COACH

1. _____ # _____

2. _____ # _____

CHILDREN PARTICIPATING

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Clean Up Day Consent Form/Release

Name of child: _____
Name of parent(s) or guardian(s): _____
Address: _____
Home telephone _____ Cell: _____

Other person and/or number to call in emergency: _____
Relationship: _____

Medical Information

Is your child presently being treated for an injury or sickness or taking any medication?
Yes _____ No _____ If yes, please explain.

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes _____ No _____ If yes, please explain.

Consent and Certification:

I, the undersigned, being the parent or legal guardian of the named child agree as follows:

1) Activity Consent:

I do hereby consent to the participation of my child in "Clean Up Day" conducted by Maple Shade Township in coordination with my child's recreation group or team. I certify that my child is physically fit and adequately prepared to participate in this event.

2) Photo Release: (please check)

In consideration of the right of the applicant to participate in this event, I do _____ / do not _____ give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I do _____ / do not _____ waive all right of privacy in and to any said photographs or videotapes.

3) Permission for Medical Treatment:

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the providing of necessary medical services in the event that my child is injured or becomes ill. I hereby authorize any necessary medical treatment for my child. I also guarantee payment of all charges incurred during this medical treatment.

Liability Release

The undersigned parent or legal guardian acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for participation in this event, I hereby release, discharge, and agree to hold harmless the Township of Maple Shade, its employees and agents from any and all liability, claims, or demands for personal injury, as well as property damage and expenses of any nature which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. I further agree to hold harmless and indemnify the Township, its employees, and agents, for any liability sustained as the result of negligent, willful, or intentional acts of said participant.

Parent/Guardian Signature _____ Date: _____

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)		
	Business name, if different from above		
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	City, state, and ZIP code		
	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,