

TOWNSHIP OF MAPLE SHADE
200 Stiles Avenue, Maple Shade, NJ 08052
Facility Request

PROCEDURE FOR OBTAINING FACILITY USAGE PERMISSION:

1. Complete the attached Facility Usage Request Form and submit no less than 30 days prior to the event.
Forms are also available on our website at www.mapleshade.com
2. The following items must be submitted in order to be considered:

_____ Completed Application (*attached*)

_____ *Certification of Insurance* – Name of club should be as it appears on the Insurance Certificate. Prior to facility use, groups requesting facilities must provide a certificate of comprehensive general liability insurance from an insurer licensed to do business in the State of New Jersey, to the Township Manager or Recreation Director, with limits not less than \$1,000,000 in Bodily Injury/Property Damage combined single limit and no less than a 30-day cancellation clause. The certificate of insurance must specifically name the Township of Maple as an additional insured. Failure to provide a valid and acceptable certificate of insurance will void facility use.

Items should be submitted or mailed to the Township Recreation Office:

Township of Maple Shade
200 Stiles Avenue
Maple Shade, NJ 08052
Attn: Facility Usage Request

3. Upon receipt of a fully completed application, the requested usage will be submitted to the Recreation Director for consideration.
4. The applicant will be contacted at the phone number/email provided to advise if approved or not approved.

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RULES AND REGULATIONS

1. All fees must be paid in full 10 days prior to the event or the event may be cancelled.
2. Activity(ies) must begin and end within the approved time frame.
3. All debris resulting from the approved activity must be picked up by the applicant/organization and deposited at the designated disposal location(s).
4. Specific and sufficient adults shall be assigned the sole responsibility of providing safety, security and deterring vandalism. An event may be cancelled or terminated if the Facility User is unable to certify the presence of adequate safety or security.
5. The Township of Maple Shade may require the applicant to secure sufficient police protection depending on the type of activity and the anticipated number of participants and/or spectators.
6. Noise must be kept to a minimum so as not to disturb others utilizing the facility or field and residents within the area.
7. Parking is allowed in **designated areas only**. Please be considerate of residents who live adjacent to a park area; parking is strictly prohibited on their private property and violations will result in fines levied by the Police Department.
8. All problems encountered with the facility or field must be made known to the Township of Maple Shade within 24 hours of the conclusion of the activity.
9. **ALCHOLIC BEVERAGES ARE NOT TO BE DISPENSED AND/OR CONSUMED ON OR WITHIN ANY TOWNSHIP OF MAPLE SHADE FACILITY OR FIELD.**
10. **SMOKING IS PROHIBITED ON OR WITHIN ANY TOWNSHIP OF MAPLE SHADE FACILITY OR FIELD.**
11. During severe inclement weather, no outdoor facility or field will be illuminated.
12. The Township reserves the right to close any facility or field for safety or property concerns.
13. The Township has an energy use policy in effect and the temperature of any building is set according to Township approved guidelines.
14. Facility Users are required to restore fields/facilities to their original condition. The Facility User agrees to assume full responsibility for the condition of the facilities and premises and liability for any damage or loss of Township property and, at the discretion of the Township, may be held responsible for the costs of repair/replacement for any field or property damaged due to negligence of the Facility User. The Township of Maple Shade shall be the sole judge of destruction of property or excessive wear and tear.

- 15. NOTIFICATION OF CANCELLATION IS REQUIRED AT LEAST 2 DAYS PRIOR TO THE EVENT.
- 16. Facility User is responsible for securing any and all permissions, waivers and releases required from its participants or attendees.
- 17. Violations of any of the above may result in the cancellation of the usage and/or the denial of future requests.
- 18. The Township of Maple Shade reserves the right to rescind the usage approval at any time.

As a representative of the application, I understand that after approval is granted, any modification of dates, times or locations may result in additional charges to the applicant.

As a representative of the application, I have read the information provided to me pertaining to Facility Usage with the Township of Maple Shade. I understand all policies, rules and regulations and agree to all terms of this agreement.

The applicant/Facility User agrees that, should this application be granted, the user will indemnify, hold harmless and defend the Township of Maple Shade against and all demands, claims, damages, fees, costs and liabilities of any kind to the fullest extent provided by law.

I agree to the costs and conditions described and certify that I am authorized by the requesting organization/individual to sign this application and reservation of rights.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

APPROVED BY:

_____	_____
<i>Susan Danson</i>	<i>Sonny Frett</i>
<i>Township Manager</i>	<i>Recreation Director</i>

INSURANCE CERTIFICATE RECEIVED: Yes / No
(circle one)

DATE CERTIFICATE RECEIVED: _____

MAPLE SHADE TOWNSHIP
APPLICATION FOR USE OF TOWNSHIP FACILITIES

ORGANIZATION / INDIVIDUAL: _____

ADDRESS: _____

FACILITY REQUESTING: _____

PURPOSE OF USE: _____

Additional Services Requested (additional fees may apply):

Facility and/or Additional Equipment Requested (tables, chairs, goals, bases, etc.):

DAY(S) OF WEEK NEEDED:

____ MON. ____ TUES. ____ WED. ____ THURS. ____ FRI. ____ SAT. ____ SUN.

DATE(S) OF EVENT:

1st CHOICE DATE: _____ TIME FROM: _____ TO _____

2nd CHOICE DATE: _____ TIME FROM: _____ TO _____

REQUEST IS FOR: ____ ONE TIME USE ____ CONTINUOUS USE

TYPE OF GROUP: ____ INDIVIDUAL ____ RESIDENT ____ NON-RESIDENT
____ PROFIT ORGANIZATION ____ NON-PROFIT ORGANIZATION

ESTIMATED ATTENDANCE: _____

WILL THERE BE AN ADMISSION FEE? Yes/No
(circle one)

ADULTS TO BE PRESENT & IN CHARGE:

NAME 1: _____ PHONE 1: _____

NAME 2: _____ PHONE 2: _____

APPLICATION SUBMITTED BY: _____

(Print Name)

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____