

# Voorhees Township Field Usage Application

PERMIT # \_\_\_\_\_

1. Field Desired:      Kirkwood      Giangiulio      Green Ridge      Connolly      (Circle one)
2. Name of Organization: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_  
    Address: \_\_\_\_\_  
    Phone: \_\_\_\_\_  
    E-Mail: \_\_\_\_\_
4. Request is for:  
    A. Day: Mon    Tues    Wed    Thurs    Fri    Sat    Sun. (Circle one)  
    B. Date (s) \_\_\_\_\_  
    C. Arrival/Departure Time:    Arrive \_\_\_\_\_    Depart \_\_\_\_\_  
    E. Total hours: \_\_\_\_\_
5. Room(s) or Area(s) Desired (please be specific) \_\_\_\_\_
6. Area will be used for: \_\_\_\_\_
7. Number of participants: \_\_\_\_\_
8. Number of participants who are Voorhees Township residents: \_\_\_\_\_
9. Will items be sold, exhibited, or fee be charged ?    Yes \_\_\_\_\_    No \_\_\_\_\_

## REGULATIONS

- Participants will be under adult supervisor at all times.
- Groups will promptly adhere to arrival and departure times.
- Groups are limited to only those areas specified above.
- Organizations will be held financially responsible for any vandalism, theft, damage, or any other hours needed for clean-up.
- No alcoholic beverages permitted.

\*\*\*\*\*The undersigned AGREES to see that the rules and regulations regarding the use of the facility are strictly followed. Failure to adhere to any of the above mentioned rules may result in loss of facility use and can result in a fine and/or loss of deposit.

As the applicant, I will be in attendance at the function during its duration and take full responsibility for all activities taking place. To the fullest extent permitted by Law, \_\_\_\_\_ agrees to defend, pay on behalf of, indemnify, and hold harmless the Township of Voorhees, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the Township of Voorhees against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Township of Voorhees, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the Township of Voorhees, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

Print Name: \_\_\_\_\_      Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

\*\*\*\*\*

*Office use only*  
Coordinator \_\_\_\_\_      Date: \_\_\_\_\_  
Approved: \_\_\_\_\_      Not Approved \_\_\_\_\_  
Deposit \_\_\_\_\_      Check # \_\_\_\_\_  
Certificate of Insurance Required: YES \_\_\_\_\_      NO \_\_\_\_\_  
Date Received: \_\_\_\_\_      Person in Charge: \_\_\_\_\_