

HOLMDEL TOWNSHIP RECREATION

4 Crawfords Corner Road, Holmdel, New Jersey 07733
(732) 946-2820 ext. 1224 Fax (732) 975-9774
recreation@holmdeltownship-nj.com

APPLICATION AND AGREEMENT FOR USE OF SENIOR/COMMUNITY CENTER

Circle: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date(s) requested: _____

Contact Person: _____

Organization/Applicant: _____

Purpose/Activity: _____

Location: Kitchen ___ Section 1 ___ Section 2 ___ Section 3 ___ Small Room(office) ___ All ___

Set up requests (i.e. tables, chairs); **complete diagram on back.** _____

Set Up Time: _____ Event Start Time: _____ Event End Time: _____

*Please note: Events may not exceed 5 hours and must be concluded by 11:30 PM.
A total of 1 hour for setup/clean up time is included in your rental fee (staff will be provided).
Beyond this time, additional hourly rates apply.*

Daytime Phone: _____ Cell Phone: _____

Email address: _____

Address: _____

City _____ State: _____ Zip: _____

Number of Participants:	Residents:	Youth	_____	Adults	_____
	Non-residents:	Youth	_____	Adults	_____

- The fee for residents is \$125.00 per hour, non-residents \$250.00 per hour. Refundable Security deposit \$250.00. Minimum rental time is one hour; maximum rental time is five hours. Center accommodates up to a maximum of 150 people. **Make check payable to: Holmdel Recreation.**
- Organization/Applicant shall be responsible for the behavior of all persons participating in and/or attending the event(s) for which this agreement is made.
- Organizations shall obtain and produce certificate of liability insurance for at least 1 million dollars naming Holmdel Township as additional insured, absolving Holmdel Township, its employees and representatives of all liabilities relative to the use of the requested facility.
- Please dispose of all garbage in dumpsters outside.
- No alcoholic beverages permitted without a permit.
- Park in designated areas only.
- Recreation reserves the right to cancel this permit for any date needed for a Township event.
- Any organization/applicant violating the attached rules and regulations could cause permit to be re-evaluated or revoked.

Signature(s): _____ Date: _____

Office Use only

Rules & Regulations: Yes/No Hold Harmless: Yes/No Certificate of Insurance: Yes/No

Fee: \$ _____ Date Paid: _____ Security Deposit: \$ _____ Date Paid: _____

Approved by: _____ Date _____ Staff Assigned _____

Additional Requests: _____