



TOWNSHIP OF GLOUCESTER

1261 Chews Landing-Clementon Rd., at Hider Lane
P.O. Box 8, Blackwood, New Jersey 08012

(856) 228-4000 • FAX: (856) 374-3527 (Clerk)
FAX: (856) 374-3528 (Finance)

Recreation Center Application

FOR INDOOR FACILITY USE

Name of person making request: _____

Address: _____ Home Phone: _____

City, State, Zip Code: _____ Work Phone: _____

Email: _____ Fax #: _____

Name of Organization: _____ Name of Team: _____ Age Group: _____

Check off the area(s) you are requesting: _____ Entire Rink _____ Half of Rink _____ Lobby

Purpose for use of facility: _____

Will you need use of any tables, chairs, microphones, scoreboards? _____

If yes, please specify what and quantity: _____

Days and Dates Requesting:

Times Requesting:

_____ to _____
_____ to _____
_____ to _____

Estimated Attendance of Adults: _____ Estimated Attendance of Children Under 18: _____

INSTRUCTIONS

1. Complete the information above.
2. Attach a copy of your team/organization's certificate of insurance. The certificate must name "Township of Gloucester" as an added insured. The applicant must possess a minimum of \$1,000,000 of liability insurance, which covers your spectators and participants.
3. Attach a copy of your team(s) roster, which must include names, addresses and phone numbers.
4. Submit this signed application, insurance certificate and roster to the Department of Recreation no later than the 15th of the month PRIOR to the month you are requesting. *Example: Requests for April must be in by March 15th.*

I represent the team/organization/league named above. I have received a copy of the Recreation Center's rules and regulations (attached), and will explain these rules to my group/organization.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Received in Rec Office by: _____ Date: _____ Complete? Yes _____ No _____