



Name of Person in Charge: _____
 Address: _____ City: _____ Zip: _____
 Telephone: Day () _____ Mobile () _____
 Organization Name: _____ Group Size: _____
 Email: _____ Purpose: _____
 Date(s): _____ Time(s): _____
 Date(s): _____ Time(s): _____
 Will you be having any vendors at your event? Yes _____ No _____
 If yes, vendor(s) must comply with Montgomery Township insurance requirements prior to permit approval.

FACILITY REQUESTED -Please Check

- | | | | | |
|--------------------------------|-----|------------------------|-----|---------------------|
| <u>COMMUNITY CENTER</u> | () | CONFERENCE ROOM | () | DANCE STUDIO |
| | () | MEETING ROOM | () | PROGRAM ROOM |
| | () | GYMNASIUM | | |
| <u>SENIOR CENTER</u> | () | MAIN ROOM | () | LIBRARY |
| | () | CONFERENCE ROOM | | |

OTHER AREAS AND/OR FACILITY

WILL FOOD/BEVERAGES BE SERVED/SOLD? _____ WILL AN ADMISSION/ENTRY FEE BE CHARGED? _____

If this application is approved, the _____ (organization/individual) will assume responsibility for any damage thereto or loss of property that may occur, and for the due observance of all rules and regulations of the Township governing use of such areas and/or facilities. I agree to provide insurance and proof thereof in accordance with the Township's requirements. I further agree to leave all areas and facilities in a clean and safe manner. I have been provided with and understand the appropriate ordinance/policy regarding my use of the facilities/areas requested. I further understand that I may incur charges through my use of the facilities/areas requested. I understand that approval of this application will be withheld until proof of other authorized permits associated with this use, as deemed appropriate by the Township, are presented to the Recreation Department, and I assume all responsibility in securing such permits.

NO ALCOHOLIC BEVERAGES ARE PERMITTED

Signature _____ **Date** _____

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APPROVED _____ **DATE** _____

Recreation Director

Insurance Received _____
 Insurance Form Faxed to Our Carrier _____

Facility Aide Required YES/NO

COMMENTS _____
 DENIED: _____ DATE: _____
 REASON: _____