

SOMERSET COUNTY PARK COMMISSION
PO Box 5327 • North Branch NJ 08876
908.722.1200 ext. 5225
Fax 908.429.5508

ATHLETIC FIELD APPLICATION

Signature and completed applications are necessary to process confirmations and permits. Return this application to *Somerset County Park Commission, PO Box 5327, North Branch NJ 08876 Attn: Permit Coordinator.*

Applicant: _____ Name of Organization: _____
Street/Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Day Phone Number: () _____ Phone Number: () _____
Cell Phone Number: () _____ E-Mail Address: _____

1. Type of event: ___ League Play ___ Tournament ___ Practice/Informal Play
2. Specific field: ___ Soccer Field North Branch #1 (Lights) ___ Soccer Field North Branch #2 (Weekend Only Fall)
 ___ Soccer Field Duke Island Park ___ Cricket Colonial Park ___ Fitness Instruction

3. Date(s) requested: _____
Time: From _____ a.m./p.m. To _____ a.m./p.m.

4. Maximum number of participants expected: _____

5. APPLICANT'S PRIORITY CLASSIFICATION (select the classification in which/your organization belongs):

- Somerset County Entities
- Somerset County Recreation Departments and Public/Private Schools
- Not for Profit Organizations**
- For Profit organizations

** Provide proof of your 501(c)(3) status.

6. On site person who will be in charge of the event: Name _____
Address: _____
Day Phone Number: _____ Cell Phone Number: _____

7. Applicant must provide satisfactory evidence of comprehensive liability insurance in the aggregate amount of at least \$1,000,000 combined single limit and designated as primary in nature to that of the Somerset County Park Commission and naming The Somerset County Park Commission, and the County of Somerset, it's elected and appointed Officers, Agents, Volunteers, and Employees as additional insured on this policy. A certificate of insurance, as described, must be provided to the Somerset County Park Commission before a permit is issued to utilize the facility. It can be mailed to park headquarters or faxed to 908 429-5508 Attn: Permit Coordinator.

Name of company: _____ Phone #: _____

The applicant by his or her signature certifies that: 1. All the information given is complete and correct, and that no false or misleading information, or false statements have been given. Giving false information or making false statements, in connection with this permit application may constitute a criminal violation. Violations will be the basis for denial or revocation of a permit and may result in criminal prosecution. 2. The attached rules and regulations for permit approval and all rules and regulations governing the use of the Somerset County Park Commission have been read, are understood, and will be fully complied with by applicant. 3. The individual and/or the organization requesting a permit, agree that while using the facilities made available by the Somerset County Park Commission that they will not discriminate in any manner against any person by reason of race, color, gender, disability, sexual orientation, national origin, or religious or political affiliation. 4. Applicant has been duly authorized by the organization to execute this application on the organization's behalf.

Signature of Applicant (DO NOT PRINT): _____ **Date:** _____