

SOMERSET COUNTY PARK COMMISSION
PO Box 5327 • North Branch NJ 08876
908.722.1200 ext. 226

TENNIS TOURNAMENT/LEAGUE REQUEST

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: Recreation Manager.*

Name of Applicant: _____ Name of Organization _____

Street/Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Day Phone Number: () _____ Phone Number: () _____

Cell Phone Number: () _____

1. Facility requested: ____ Green Knoll ____ Colonial Park Number of courts: _____

2. Specific Date(s) requested _____

Time: From _____ a.m./p.m. To _____ a.m./p.m.

3. Number of teams expected: _____ Number of players per team: _____

4. Will fees be charged? _____ What is the amount of league fees charged per person? _____

5. On site person who will be in charge of the event: Name _____

Address: _____

Day Phone Number: _____ Cell Phone Number: _____

6. 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 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 908 722-6592 Attn: Permit Coordinator.

Name of company: _____ Phone #: _____

7. If request is to conduct tournament play, please specify the kind of play to be conducted (i.e. single/double elimination, ladder, match or medal, etc.): _____

NOTE: Please submit a copy of the proposed league schedule with this form.

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** _____

OFFICE USE ONLY

PERMIT FOR TENNIS TOURNAMENT/LEAGUE CHECKLIST

Number of Dates _____

X

Number of Hours _____

X

Number of Courts _____

X

Hourly Rate _____

TOTAL _____

50% Deposit _____ +

\$20 Application Fee _____

Due Now _____

Total _____

Certificate of Insurance _____

COMMENTS: