

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

FRANK "NAP" TORPEY MULTI-PURPOSE SYNTHETIC TURF FIELD
LEAGUE/TOURNAMENT REQUEST

Signature and complete applications are necessary to process confirmations and permits. Please note that applications are accepted for each season separately. Please see accompanying guidelines for additional information.
Return this application to: *Somerset County Park Commission, PO Box 5327, North Branch NJ 08876 Attn: Permit Coordinator.*

Applicant Name: _____

Name of Organization: _____

Street/Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Day Phone Number: () _____

Phone Number: () _____

Cell Phone Number: () _____

E-Mail Address: _____

1. Season: ___ Spring ___ Summer ___ Fall
2. Sport: ___ Football ___ Soccer ___ Lacrosse (Girls) ___ Lacrosse (Boys)
3. Type of event: ___ League Play ___ Tournament ___ Game ___ Practice/Informal Play
4. Weekdays: 3pm-6pm 6:15pm – 8:15pm 8:30pm – 10:30pm
- Weekends: 8am-10am 10:30am-12:30pm 1pm-3pm 3:30pm-5:30pm 6pm-8pm 8:30pm – 10:30pm
5. Seasonal Date(s) requested: _____
6. Maximum number of participants/spectators: _____
7. 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.

8. Will you need Press Box? _____ Will you need Sound System? _____ Will you need Team Rooms? _____

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

Address: _____

Day Phone Number: _____

Cell Phone Number: _____

10. 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 908 429-5508 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(s) 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, age, 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 MULTI-PURPOSE SYNTHETIC TURF FIELD TOURNAMENT/LEAGUE CHECKLIST

Spring	_____	Certificate of Insurance	_____
Summer	_____	League/Informal Games	_____
Fall	_____	Tournament Fee	_____
		Concession Fee	_____
		Concession Clean-up Bond	_____
		Press Box	_____
		Team Rooms	_____

TOTAL _____

COMMENTS: