

**SOMERSET COUNTY PARK COMMISSION**

**PO Box 5327 • North Branch NJ 08876**

**908.722.1200 ext. 225**

**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: ( ) \_\_\_\_\_

Govt/School    Non-Profit \*    Corporate/Commercial

E-Mail Address: \_\_\_\_\_

\* Please provide proof of your 501(c)(3) status.

- 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. Will you need Press Box? \_\_\_\_\_ Will you need Sound System? \_\_\_\_\_ Will you need Team Rooms? \_\_\_\_\_

8. On site person who will be in charge of the event: Name \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

9. 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** \_\_\_\_\_