

**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:** \_\_\_\_\_

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

**BASEBALL and SOFTBALL LEAGUE/TOURNAMENT REQUEST**

Signature and complete 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: \_\_\_\_\_ 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:   \_\_ Softball Field North Branch #1 (lights)   \_\_ Softball Field North Branch #2  
                          \_\_ Softball Field Duke Island                   \_\_ Softball Field Colonial Park  
                          \_\_ Softball Field Torpey (lights)                   \_\_ Baseball Field Torpey (lights)  
                          \_\_ Softball Field Quail Brook Park                   \_\_ Scoreboard (see separate application)

3. Date(s) requested: \_\_\_\_\_
- Weekdays:       3:00pm-6:30pm                   7:00pm-10:30pm  
Weekends:       9:00am-12:00 noon                   12:30pm-3:30pm                   4:00pm-7:00pm                   7:30pm – 10:30pm-(lighted fields)  
Rain Date(s) \_\_\_\_\_

4. Maximum number of participants: \_\_\_\_\_

5. APPLICANT'S PRIORITY CLASSIFICATION (select which classification you/your organization fall into):

- County of Somerset Entities  
 County of Somerset Municipalities and Public/Private Schools  
 Not for Profit Organizations\*\*  
 For Profit organizations

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

6. Will you have a food concession? \_\_\_\_\_ Will you have other concessions? \_\_\_\_\_

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

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

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

8. 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(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 BASEBALL AND SOFTBALL TOURNAMENT/LEAGUE CHECKLIST**

<input type="checkbox"/> Softball Field North Branch #1	Certificate of Insurance	_____
<input type="checkbox"/> Softball Field North Branch #2	League/Informal Games	_____
<input type="checkbox"/> Softball Field Duke Island	Tournament Fee	_____
<input type="checkbox"/> Softball Field Colonial Park		
<input type="checkbox"/> Softball Field Quail Brook Park	Concession Fee	_____
<input type="checkbox"/> Softball Field Torpey	Concession Clean-up Bond	_____
<input type="checkbox"/> Baseball Field Torpey	Lights Fee	_____
	Scoreboard	_____
	<b>TOTAL</b>	_____

**COMMENTS:**

**SOMERSET COUNTY PARK COMMISSION**

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

**908.722.1200 ext. 5225**

**COMMERCIAL FILMING & PHOTOGRAPHY PERMIT 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.*

Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone Number: (     ) \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Cell Phone Number: (     ) \_\_\_\_\_

1. Name and Purpose of the filming/photography event for which a permit is requested: \_\_\_\_\_  
\_\_\_\_\_

2. Date(s) and time(s) of the filming/photography event:

A. Set-up for the filming/photography event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

B. The filming/photography event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

C. The filming/photography event will end \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

D. Clean-up/Take-down will be completed by \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

E. Rain Date \_\_\_\_\_

3. Maximum number of participants expected: \_\_\_\_\_ (if unsure, please provide an estimate)

4. Specific Somerset County Park Commission grounds or facilities requested: \_\_\_\_\_  
\_\_\_\_\_

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 908 429-5508 Attn: Permit Coordinator.

Name of company: \_\_\_\_\_

Phone #: \_\_\_\_\_

7. **IN ORDER TO DETERMINE WHETHER OR NOT YOUR REQUEST MEETS THE CRITERIA FOR A PERMIT, PLEASE SUPPLY THE INFORMATION REQUESTED BELOW ON A SEPARATE SHEET(S) OF PLAIN PAPER AND ATTACH TO THIS APPLICATION. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF YOUR PERMIT APPLICATION.**

A. Provide plans for the set up of the film/photography site.

B. List all props, platforms, stages, sound equipment, vehicles, electrical wiring, decorations, catering equipment, tables, chairs, tent, and/or other items to be used.

C. List all contractors, suppliers, groups, or individuals providing support services, such as caterers, sound technicians, electricians, first aid, security, traffic control, sanitation, etc. (including name, address, phone number and service provided).

- D. Please provide a list showing the name, address, phone number, and contact person for any other companies or organizations involved in this filming/photography event.
- E. Is there any reason to believe, or is there any information indicating that any individual, group or organization will seek to disrupt your filming/photography event? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If the answer is yes, please attach explanation on a separate page.

**Please answer the following questions, (for each item below, please circle appropriate answer).**

- A. Have you visited or are you familiar with the site you have requested? **Yes**    **No**
- B. Will you be erecting a tent(s)? If so how many? \_\_\_\_\_ Size(s)\_\_\_\_\_ **Yes**    **No**
- C. Have you or has your organization ever applied for or been issued a permit for a special event at any Somerset County Park Commission facility? **Yes**    **No**  
If so, please give the date of your last permit: \_\_\_\_\_

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 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 COMMERCIAL FILMING AND PHOTOGRAPHY CHECKLIST**

- Fee \_\_\_\_\_
- Certificate of Insurance \_\_\_\_\_
- Site Plan \_\_\_\_\_
- Tents \_\_\_\_\_

**COMMENTS:**

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

**CROSS COUNTRY TRACK 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:  Meet  Practice
2. Specific Trails:  North Branch Park  Natirar Park  Other:  
 Duke Island Park  Colonial Park

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

4. Maximum number of participants expected: \_\_\_\_\_

5. Maximum number of spectators: \_\_\_\_\_

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

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 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:** \_\_\_\_\_

**SOMERSET COUNTY PARK COMMISSION**

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

**908.722.1200 ext. 5225**

**DOG/HORSE SHOW PERMIT 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*

Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone Number: (     ) \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Cell Phone Number: (     ) \_\_\_\_\_

1.    (   ) **Dog Show**   Type: (   ) **Match**   (   ) **Point**   (   ) **Other Show** (specify) \_\_\_\_\_

(   ) **Horse Show**   (   ) **Other Event** (list): \_\_\_\_\_

Is event AKC registered? \_\_\_\_\_

2.    Date(s) and time(s) of the Event:

A.    Set-up for the Event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

B.    The Event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

C.    The Event will end \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

D.    Clean-up/Take-down will be completed by \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

3.    Maximum number of participants and spectators expected: \_\_\_\_\_ (if unsure, please provide an estimate)

4.    Maximum number of animals expected: \_\_\_\_\_

5.    Specific Somerset County Park Commission grounds or facilities requested: \_\_\_\_\_

6.    Will there be overnight campers? \_\_\_\_\_   Number of units (estimate): \_\_\_\_\_

Arrival date of first camper: \_\_\_\_\_   Departure date of last camper: \_\_\_\_\_

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

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

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

8.    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 #: \_\_\_\_\_

9.    **IN ORDER TO DETERMINE WHETHER OR NOT YOUR REQUEST MEETS THE CRITERIA FOR A PERMIT, PLEASE SUPPLY THE INFORMATION REQUESTED BELOW ON SEPARATE SHEET(S) OF PLAIN PAPER AND ATTACH TO THIS APPLICATION. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF YOUR PERMIT APPLICATION.**

A.    Provide plans for the event: Please describe all activities and time schedule. List all props, platforms, stages, sound equipment, electrical wiring, decorations, catering equipment, tables, chairs, tent, and/or other items to be used.



- B. List all contractors, suppliers, groups, or individuals providing support services, such as caterers, sound technicians, electricians, first aid, security, traffic control, sanitation, etc. (including name, address, phone number and service provided).
- C. If your event will involve the setting up of booths, tables, tents, etc., please provide a diagram showing the location of each and a list of the names of each individual or group assigned to each booth or area, and the activity, service, or function that will be provided at each booth or area. If items are to be given away or otherwise dispensed (i.e. printed material, leaflets, bumper stickers, tee shirts, buttons, etc.), please provide a list of all such items for each booth area.
- D. Please include a statement that you understand that you are responsible for providing the necessary staff required to execute all event logistics. Park Maintenance Staff and/or Park Rangers will only be responsible for duties directly related to the park. This statement shall also include that you understand that you must provide volunteer or paid staff to perform overflow parking duties, if size of event warrants overflow parking. A pre-event planning meeting with the Event Coordinator and Park Commission staff including Recreation Manager, Permit Coordinator, Park Rangers, and Park Foreman will be held no later than 14 days before the permit date to determine these duties.
- E. Please provide a list showing the name, address, phone number, and contact person for any other organizations or co-sponsoring organization involved in this special event.
- F. Is there any reason to believe, or is there any information indicating that any individual, group or organization will seek to disrupt your event? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If the answer is yes, list each individual, group or organization and give all available information, such as name, address, phone number and the background for your concern.

**Please answer the following questions, (for each item below, please circle appropriate answer).**

- |    |  |            |           |
|----|--|------------|-----------|
| A. | Have you visited or are you familiar with the site you have requested?   | <b>Yes</b> | <b>No</b> |
| B. | Will there be vendors at your event? If so how many? _____<br>Will these vendors be selling food?  | <b>Yes</b> | <b>No</b> |
| C. | Will you be erecting a tent(s)? If so how many? _____ Size(s) _____  | <b>Yes</b> | <b>No</b> |
| D. | Are you requesting electricity?  | <b>Yes</b> | <b>No</b> |
| E. | Are you requesting easy access to water?   | <b>Yes</b> | <b>No</b> |
| F. | Will there be music at your event?   | <b>Yes</b> | <b>No</b> |
| G. | Have you or has your organization ever applied for or been issued a permit for an event at any Somerset County Park Commission facility?<br>If so, please give the date of your last permit: _____ | <b>Yes</b> | <b>No</b> |

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**Signature of Applicant (DO NOT PRINT)** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY                      PERMIT FOR DOG/HORSE SHOW CHECKLIST**

Fee _____	Certificate of Insurance _____	
Fee Other _____	Site Plan _____	
Pre-event/Post-event Fee _____	Electricity _____	
Clean-Up Bond _____	Access to Water _____	
<b>Total Fee</b> _____	Number of Vendors _____	Food Vendors _____
	Tents _____	

COMMENTS:

SOMERSET COUNTY PARK COMMISSION  
PO Box 5327 • North Branch NJ 08876  
908.722.1200 ext. 225

HOWE ATHLETIC COMPLEX  
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: \_\_\_ Cricket \_\_\_ Soccer 35 X 50 (1) \_\_\_ Soccer 50 X 80 (1) \_\_\_ Soccer 60 X 120 (2)  
Field # 1 Field # 2 Field # 3 & 4
3. Type of event: \_\_\_ League Play \_\_\_ Tournament \_\_\_ Practice/Informal Play
4. Weekdays: 3pm-6pm 6:30pm – 8:30pm (daylight savings)
- Weekends: 9am-11am 11:30am-1:30pm 2pm-4pm 4:30pm-6:30pm 7pm-9pm (daylight savings)

5. Date(s) requested: \_\_\_\_\_  
Time: From \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.

6. Maximum number of participants/spectators: \_\_\_\_\_

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.

7. On site person who will be in charge of the event: Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

8. 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 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 HOWE ATHLETIC COMPLEX TOURNAMENT/LEAGUE CHECKLIST**

Spring	_____	Certificate of Insurance	_____
Summer	_____	League/Informal Games	_____
Fall	_____	Tournament Fee	_____

**TOTAL** \_\_\_\_\_

**COMMENTS:**

**SOMERSET COUNTY PARK COMMISSION**

**PO Box 5327**

**North Branch NJ 08876**

**(908) 722-1200 ext. 5121 FAX: (908) 429-0539**

**NATURAL AREAS - SPECIAL EVENT PERMIT 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: Ranger Administrator.*

Name of Applicant: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Day Phone Number: ( ) \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Evening Phone Number: ( ) \_\_\_\_\_

1. Name and Purpose of the special event for which a permit is requested: \_\_\_\_\_  
\_\_\_\_\_

2. Date(s) and time(s) of the Special Event:

A. Set-up for the Special Event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

B. The Special Event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

C. The Special Event will end \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

D. Clean-up/Take-down will be completed by \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

E. Rain Date(s) \_\_\_\_\_ (am/pm) \_\_\_\_\_

3. Maximum number of participants expected: \_\_\_\_\_ (if unsure, please provide an estimate)

4. Specific Somerset County Park Commission grounds or facilities requested: \_\_\_\_\_  
\_\_\_\_\_

5. On site person who will be in charge of the Special Event: Name \_\_\_\_\_  
Address \_\_\_\_\_

Day Phone Number ( ) \_\_\_\_\_ Evening 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 a primary in nature to that of the Somerset County Park Commission and naming the Somerset County Park Commission as an 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 as the address listed on the top of this application or faxed to 908-429-5508 Attn: Permit Coordinator.

Insurance company name, address, and phone number: \_\_\_\_\_

7. **IN ORDER TO DETERMINE WHETHER OR NOT YOUR REQUEST MEETS THE CRITERIA FOR A PERMIT, PLEASE SUPPLY THE INFORMATION REQUESTED BELOW ON A SEPARATE SHEET(S) OF PLAIN PAPER AND ATTACH TO THIS APPLICATION. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF YOUR PERMIT APPLICATION.**

A. Provide plans for the special event: Please describe all activities, principal speakers and time schedule, and the proposed route of any march or parade planned.

B. List all props, platforms, stages, sound equipment, electrical wiring, decorations, catering equipment, tables, chairs, tent, and/or other items to be used.

C. List all contractors, suppliers, groups, or individuals providing support services, such as caterers, musical groups, sound technicians, electricians, first aid, security, traffic control, sanitation, etc. (including name, address, phone number and service provided)

- D. If your special event will involve the setting up of booths, tables, tents, etc., please provide a diagram showing the location of each and a list of the names of each individual or group assigned to each booth or area, and the activity, service, or function that will be provided at each booth or area. If items are to be given away or otherwise dispensed (i.e. printed material, leaflets, bumper stickers, tee shirts, buttons, etc.), please provide a list of all such items for each booth area.
- E. Please provide a list showing the name, address, phone number, and contact person for any other organizations or co-sponsoring organization involved in this special event.
- F. Is there any reason to believe, or is there any information indicating that any individual, group or organization will seek to disrupt your special event? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If the answer is yes, please attach explanation on a separate page.

**Please answer the following questions, (for each item below, please circle appropriate answer).**

- |    |   |            |           |
|----|---|------------|-----------|
| A. | Have you visited or are you familiar with the site you have requested?  | <b>Yes</b> | <b>No</b> |
| B. | Will there be vendors at your event. If so how many?  | <b>Yes</b> | <b>No</b> |
|    | Will these vendors be selling food?   | <b>Yes</b> | <b>No</b> |
| C. | Are you requesting electricity?   | <b>Yes</b> | <b>No</b> |
| D. | Are you requesting easy access to water?  | <b>Yes</b> | <b>No</b> |
| E. | Will there be music at your event?  | <b>Yes</b> | <b>No</b> |
| F. | Have you or has your organization ever applied for or been issued a permit for a special event at any Somerset County Park Commission facility? | <b>Yes</b> | <b>No</b> |
|    | If so, please give the date of your last permit: _____  |            |           |

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 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, 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 NATURAL AREA SPECIAL EVENTS CHECKLIST**

Certificate of Insurance \_\_\_\_\_ Fee \_\_\_\_\_ Site Plan \_\_\_\_\_

**COMMENTS:**

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

**NORTH BRANCH GREENWAY PARK**  
**Roller Hockey Rink**

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

Govt/School    Non-Profit \*    Corporate/Commercial

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

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

1. Type of event:    League Play         Tournament         Practice/Informal Play

2. Date(s) requested: \_\_\_\_\_

Time: From \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.

3. Maximum number of participants expected: \_\_\_\_\_

4. Will you have food concession? \_\_\_\_\_ Will you have other concessions? \_\_\_\_\_

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 908 429-5508 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:** \_\_\_\_\_

**SOMERSET COUNTY PARK COMMISSION**

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

**908.722.1200 ext. 5225**

**NORTH BRANCH PARK  
TRAINING ROOM RENTAL 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.*

Name of Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Street/Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

\_\_\_\_\_

Alternate Contact: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

1. Date(s) requested: \_\_\_\_\_

2. Beginning time (including set-up): \_\_\_\_\_ am/pm                      Ending time: \_\_\_\_\_ am/pm

3. Maximum number of participants: \_\_\_\_\_

4. Purpose of event: \_\_\_\_\_

\_\_\_\_\_

5. Type of Setup:    Classroom style \_\_\_\_\_    Theater style \_\_\_\_\_    Board Table \_\_\_\_\_    U-shape \_\_\_\_\_

6. Additional needs:    Head table \_\_\_\_\_    Podium \_\_\_\_\_    Table for AV \_\_\_\_\_    Table for catering \_\_\_\_\_

7. Will event be catered? \_\_\_\_\_

8. Is event open to public? \_\_\_\_\_                      Will donations be requested? \_\_\_\_\_

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 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**

	<u>Up to 30 people</u>		<u>31 – 75 people</u>	
	Gov't/Non-profit	Other	Gov't/Non-profit	Other
Weekdays 8am-5pm	\$50	\$100	\$70	\$150
Evening meetings	\$125	\$175	\$150	\$225

\$25 building attendant fee per hour for opening doors prior to 8am and for daytime meetings that are not completed by 5pm.

Date received \_\_\_\_\_    Confirmation received \_\_\_\_\_    Insurance received \_\_\_\_\_    Permit fee/Clean up Bond received \_\_\_\_\_

**SOMERSET COUNTY PARK COMMISSION**  
**PO Box 5327 • North Branch NJ 08876**  
**908.722-1200 ext. 5122**

**SCOUT OVERNIGHT CAMPING PERMIT 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: Ranger Administrator.

Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone Number: (     ) \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Cell Phone Number: (     ) \_\_\_\_\_

1.     (    ) Scout Camping/Colonial Park     (    ) Recreational Vehicle/North Branch Park

2.     Event date(s) \_\_\_\_\_

3.     Event time(s) \_\_\_\_\_ Rain Date(s) \_\_\_\_\_

4.     Maximum number of participants expected: \_\_\_\_\_ (if unsure, please provide an estimate)

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 908 429-5508 Attn: Permit Coordinator.

Name of company: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please answer the following questions, (for each item below, please circle appropriate answer).**

- |    |   |            |           |
|----|---|------------|-----------|
| A. | Have you visited or are you familiar with the site you have requested?  | <b>Yes</b> | <b>No</b> |
| B. | Are you requesting electricity?   | <b>Yes</b> | <b>No</b> |
| C. | Are you requesting easy access to water?  | <b>Yes</b> | <b>No</b> |
| D. | Will there be music at your event?  | <b>Yes</b> | <b>No</b> |
| E. | Do you wish to utilize the dumping station? (North Branch Park Only)  | <b>Yes</b> | <b>No</b> |
| F. | Are you going to have a campfire?(Colonial Park Only)   | <b>Yes</b> | <b>No</b> |
| G. | Have you or has your organization ever applied for or been issued a permit for overnight camping at any Somerset County Park Commission facility? | <b>Yes</b> | <b>No</b> |
- If so, please give the date of your last permit: \_\_\_\_\_

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 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** \_\_\_\_\_



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

**PUBLIC ASSEMBLY PERMIT 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.*

Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone Number: (     ) \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Cell Phone Number: (     ) \_\_\_\_\_

1. Name and Purpose of the public assembly event for which a permit is requested: \_\_\_\_\_  
\_\_\_\_\_

2. Specific Somerset County Park Commission grounds or facilities requested: \_\_\_\_\_  
\_\_\_\_\_

3. Date(s) and time(s) of the public assembly event:

A. Set-up for the public assembly event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

B. The public assembly event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

C. The public assembly event will end \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

D. Clean-up/Take-down will be completed by \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

E. Rain Date \_\_\_\_\_

4. Maximum number of participants expected: \_\_\_\_\_ (if unsure, please provide an estimate)

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 908 429-5508 Attn: Permit Coordinator.

Name of company: \_\_\_\_\_ Phone #: \_\_\_\_\_

7. **IN ORDER TO DETERMINE WHETHER OR NOT YOUR REQUEST MEETS THE CRITERIA FOR A PERMIT, PLEASE SUPPLY THE INFORMATION REQUESTED BELOW ON A SEPARATE SHEET(S) OF PLAIN PAPER AND ATTACH TO THIS APPLICATION. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF YOUR PERMIT APPLICATION.**

A. Provide plans for the public assembly event: Please describe all activities, principal speakers and time schedule, and the proposed route of any march or parade planned.

B. List all props, platforms, stages, sound equipment, electrical wiring, decorations, catering equipment, tables, chairs, tent, and/or other items to be used.

C. List all contractors, suppliers, groups, or individuals providing support services, such as caterers, musical groups, sound technicians, electricians, first aid, security, traffic control, sanitation, etc. (including name, address, phone number and service provided).

- D. If your public assembly event will involve the setting up of booths, tables, tents, etc., please provide a diagram showing the location of each and a list of the names of each individual or group assigned to each booth or area, and the activity, service, or function that will be provided at each booth or area. If items are to be given away or otherwise dispensed (i.e. printed material, leaflets, bumper stickers, tee shirts, buttons, etc.), please provide a list of all such items for each booth area.
- E. Please provide a list showing the name, address, phone number, and contact person for any other organizations or co-sponsoring organization involved in this public assembly event.
- F. Is there any reason to believe, or is there any information indicating that any individual, group or organization will seek to disrupt your public assembly event? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If the answer is yes, please attach explanation on a separate page.

**Please answer the following questions, (for each item below, please circle appropriate answer).**

- |    |   |                          |                        |
|----|---|--------------------------|------------------------|
| A. | Have you visited or are you familiar with the site you have requested?  | <b>Yes</b>               | <b>No</b>              |
| B. | Will you be erecting a tent(s)? If so how many? _____ Size(s) _____   | <b>Yes</b>               | <b>No</b>              |
| C. | Will you be erecting temporary structures? If so, what? _____   | <b>Yes</b>               | <b>No</b>              |
| D. | Will there be sound at your event?  | <b>Yes</b>               | <b>No</b>              |
| E. | Will you be providing a generator for electric power?   | <b>Yes</b>               | <b>No</b>              |
| F. | Will you be distributing literature?  | <b>Yes</b>               | <b>No</b>              |
| G. | Will there be vendors at your event? If so how many? _____<br>Will these vendors be selling food?   | <b>Yes</b><br><b>Yes</b> | <b>No</b><br><b>No</b> |
| H. | Have you or has your organization ever applied for or been issued a permit for a public assembly event at any Somerset County Park Commission facility?<br>If so, please give the date of your last permit: _____ | <b>Yes</b>               | <b>No</b>              |

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 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, 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 PUBLIC ASSEMBLY EVENT CHECKLIST**

Fee	__NA__	Certificate of Insurance	_____
Fee Other	__NA__	Site Plan	_____
Pre-event/Post-event Fee	__NA__	Tents	_____
Clean-Up Bond	_____	Temporary Structures	_____
<b>Total Fee</b>	_____	Sound/Generator	_____
		Literature Distribution	_____
		Number of Vendors	_____ Food Vendors _____

**COMMENTS:**

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

**REMOTE CONTROL CAR/GO-KART TRACK PERMIT 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.*

Name of Applicant: \_\_\_\_\_ Name of Organization: \_\_\_\_\_  
Street/Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Day Phone Number: (     ) \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_  
Cell Phone Number: (     ) \_\_\_\_\_

1.     (    ) Remote Control Car Track     (    ) Go Kart Track
2.     Event date(s) \_\_\_\_\_
3.     Event time(s) \_\_\_\_\_ Rain Date(s) \_\_\_\_\_
4.     Maximum number of participants expected: \_\_\_\_\_ (if unsure, please provide an estimate)
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 908 429-5508 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 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 \_\_\_\_\_

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

**ROCKET LAUNCH/FLYING FIELD PERMIT 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.*

Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone Number: (     ) \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Cell Phone Number: (     ) \_\_\_\_\_

1.     (    ) Rocket Launch     (    ) Flying Field

2.     Event date(s) \_\_\_\_\_

3.     Event time(s) \_\_\_\_\_ Rain Date(s) \_\_\_\_\_

4.     Maximum number of participants expected: \_\_\_\_\_ (if unsure, please provide an estimate)

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 908 429-5508 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 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 \_\_\_\_\_

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

**VINNIE FURFARO FIELD SCOREBOARD APPLICATION**  
**FOR TOURNAMENT USAGE**

The Somerset County Park Commission will provide access to the scoreboard located on the Vinnie Furfaro field in North Branch Park in Bridgewater for use by an organized non-profit group conducting a tournament on the field, providing the group has obtained a Somerset County Park Commission permit for field usage of the tournament. The scoreboard will be operated by Somerset County Park Commission personnel the daily costs are \$40 for the first game of the day, and \$25 per game thereafter. With permit holder as operator the daily costs are \$20.00 for the first game of the day, and \$12.50 per game thereafter. Funds shall be refunded for games cancelled due to rain. Please complete application and mail with fee payable to Somerset County Park Commission to the attention of the Permit Coordinator at the above listed address. Once confirmed, the Permit Coordinator will sign and return the approved application.

Name of Organization: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_  
 Street/Address: \_\_\_\_\_ Day Phone # ( ) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

<b>Tournament Permit #</b> _____	<b>Dates and game times for which scoreboard is requested:</b>	
Date _____	Date _____	Date _____
Time Game #1 _____	Time Game #1 _____	Time Game #1 _____
Game #2 _____	Game #2 _____	Game #2 _____
Game #3 _____	Game #3 _____	Game #3 _____
Game #4 _____	Game #4 _____	Game #4 _____
Daily Fee \$ _____	Daily Fee \$ _____	Daily Fee \$ _____
<b>Total Fee enclosed \$</b> _____	<b>Check #</b> _____	

The applicant by his/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.** 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 use of the scoreboard, 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, 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** \_\_\_\_\_

**FOR OFFICE USE ONLY**  
**Signature of SCPC Permit Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

Notes to Park Maintenance and/or Park Rangers:

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

**FRANK “NAP” TORPEY SCOREBOARD APPLICATION**

The Somerset County Park Commission will provide access to the scoreboard located on the Frank “Nap” Torpey complex in Bridgewater for use by an organized non-profit group conducting a tournament on the field, providing the group has obtained a Somerset County Park Commission permit for field usage of the tournament. The scoreboard will be operated by Somerset County Park Commission personnel the daily costs are \$40 for the first game of the day, and \$25 per game thereafter. With permit holder as operator the daily costs are \$20 for the first game of the day, and \$12.50 per game thereafter. Funds shall be refunded for games cancelled due to rain. Please complete application and mail with fee payable to Somerset County Park Commission to the attention of the Permit Coordinator at the above listed address. Once confirmed, the Permit Coordinator will sign and return the approved application.

Name of Organization: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_  
 Street/Address: \_\_\_\_\_ Day Phone # ( ) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

<b>Tournament Permit #</b> _____	<b>Dates and game times for which scoreboard is requested:</b>	
Date _____	Date _____	Date _____
Time Game #1 _____	Time Game #1 _____	Time Game #1 _____
Game #2 _____	Game #2 _____	Game #2 _____
Game #3 _____	Game #3 _____	Game #3 _____
Game #4 _____	Game #4 _____	Game #4 _____
Daily Fee \$ _____	Daily Fee \$ _____	Daily Fee \$ _____
<b>Total Fee enclosed \$</b> _____	<b>Check #</b> _____	

The applicant by his/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.** 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 use of the scoreboard, 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, 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** \_\_\_\_\_

**FOR OFFICE USE ONLY**  
**Signature of SCPC Permit Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

Notes to Park Maintenance and/or Park Rangers:

**SOMERSET COUNTY PARK COMMISSION**

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

**908.722.1200 ext. 5225**

**SHOWMOBILE PERMIT 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: Deputy Director.*

Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone Number: (     ) \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Cell Phone Number: (     ) \_\_\_\_\_

**1.** Name/address/telephone numbers of two organization members besides applicant who will be onsite the day of event.

1. \_\_\_\_\_

2. \_\_\_\_\_

**2.** Type of event: \_\_\_\_\_

**3.** Date(s) requested: \_\_\_\_\_

**4.** Actual time of event:       From: \_\_\_\_\_ am/pm                      To: \_\_\_\_\_ am/pm

Set-up Showmobile:       By: \_\_\_\_\_ am/pm                      Dismantle: \_\_\_\_\_ am/pm

**5.** Address to which vehicle/sound equipment is to be delivered: \_\_\_\_\_

\_\_\_\_\_

**6.** Maximum number of participants and spectators expected: \_\_\_\_\_ (if unsure, please provide an estimate)

**7.** Special needs/requests: \_\_\_\_\_

\_\_\_\_\_

**8.** 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 #: \_\_\_\_\_

***DIRECTIONS FROM THE SOMERVILLE CIRCLE MUST BE ATTACHED***

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 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** \_\_\_\_\_

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

**SPECIAL EVENT PERMIT 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.*

Name of Applicant: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

Street/Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Day Phone Number: (     ) \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

Cell Phone Number: (     ) \_\_\_\_\_

1. Name and Purpose of the special event for which a permit is requested: \_\_\_\_\_  
\_\_\_\_\_

2. Date(s) and time(s) of the Special Event:

A. Set-up for the Special Event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

B. The Special Event will begin \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

C. The Special Event will end \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

D. Clean-up/Take-down will be completed by \_\_\_\_\_ (am/pm) on \_\_\_\_\_ (Month/Day/Year)

E. Rain Date \_\_\_\_\_ (am/pm) \_\_\_\_\_

3. Maximum number of participants expected: \_\_\_\_\_ (if unsure, please provide an estimate)

4. Specific Somerset County Park Commission grounds or facilities requested: \_\_\_\_\_  
\_\_\_\_\_

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 908 429-5508 Attn: Permit Coordinator.

Name of company: \_\_\_\_\_ Phone #: \_\_\_\_\_

7. **IN ORDER TO DETERMINE WHETHER OR NOT YOUR REQUEST MEETS THE CRITERIA FOR A PERMIT, PLEASE SUPPLY THE INFORMATION REQUESTED BELOW ON A SEPARATE SHEET(S) OF PLAIN PAPER AND ATTACH TO THIS APPLICATION. FAILURE TO PROVIDE COMPLETE INFORMATION MAY RESULT IN DENIAL OF YOUR PERMIT APPLICATION.**

A. Provide plans for the special event: Please describe all activities, principal speakers and time schedule, and the proposed route of any march or parade planned.

B. List all props, platforms, stages, sound equipment, electrical wiring, decorations, catering equipment, tables, chairs, tent, and/or other items to be used.

C. List all contractors, suppliers, groups, or individuals providing support services, such as caterers, musical groups, sound technicians, electricians, first aid, security, traffic control, sanitation, etc. (including name, address, phone number and service provided).



- D. If your special event will involve the setting up of booths, tables, tents, etc., please provide a diagram showing the location of each and a list of the names of each individual or group assigned to each booth or area, and the activity, service, or function that will be provided at each booth or area. If items are to be given away or otherwise dispensed (i.e. printed material, leaflets, bumper stickers, tee shirts, buttons, etc.), please provide a list of all such items for each booth area.
- E. Please include a statement that you understand that you are responsible for providing the necessary staff required to execute all event logistics. Park Maintenance Staff and/or Park Rangers will only be responsible for duties directly related to the park. This statement shall also include that you understand that you must provide volunteer or paid staff to perform overflow parking duties, if size of event warrants overflow parking. A pre-event planning meeting with the Event Coordinator and Park Commission staff including Recreation Manager, Permit Coordinator, Park Rangers, and Park Foreman will be held no later than 14 days before the permit date to determine these duties.
- F. Please provide a list showing the name, address, phone number, and contact person for any other organizations or co-sponsoring organization involved in this special event.
- G. Is there any reason to believe, or is there any information indicating that any individual, group or organization will seek to disrupt your special event? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If the answer is yes, please attach explanation on a separate page.

**Please answer the following questions, (for each item below, please circle appropriate answer).**

- |    |   |            |           |
|----|---|------------|-----------|
| A. | Have you visited or are you familiar with the site you have requested?  | <b>Yes</b> | <b>No</b> |
| B. | Will there be vendors at your event? If so how many? _____<br>Will these vendors be selling food?   | <b>Yes</b> | <b>No</b> |
| C. | Will you be erecting a tent(s)? If so how many? _____ Size(s) _____   | <b>Yes</b> | <b>No</b> |
| D. | Are you requesting electricity?   | <b>Yes</b> | <b>No</b> |
| E. | Are you requesting easy access to water?  | <b>Yes</b> | <b>No</b> |
| F. | Will there be music at your event?  | <b>Yes</b> | <b>No</b> |
| G. | Have you or has your organization ever applied for or been issued a permit for a special event at any Somerset County Park Commission facility?<br>If so, please give the date of your last permit: _____ | <b>Yes</b> | <b>No</b> |

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 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 SPECIAL EVENTS CHECKLIST**

Fee	_____	Certificate of Insurance	_____
Fee Other	_____	Site Plan	_____
Pre-event/Post-event Fee	_____	Electricity	_____
Clean-Up Bond	_____	Access to Water	_____
<b>Total Fee</b>	_____	Number of Vendors	_____ Food Vendors _____
		Tents	_____

**COMMENTS:**

**SOMERSET COUNTY PARK COMMISSION**  
**PO Box 5327 • North Branch NJ 08876**  
**908.722.1200 ext. 5226**

**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:**

**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:**

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

**FRANK "NAP" TORPEY ATHLETIC COMPLEX CONCESSION APPLICATION**

The Somerset County Park Commission will provide access to the concession stand facility located on the Frank "Nap" Torpey Athletic Complex in Bridgewater for use by an organized non-profit groups conducting a game on the fields, providing the group has obtained a Somerset County Park Commission permit for field usage. The fee for the concession rental is \$40 per date for in-county organizations, and for out-of-county organizations, the fee is \$80 per date. Security deposit of \$250 will be collected at the beginning of the permit season. Funds shall be refunded for games cancelled due to rain. Please complete application and mail with fee payable to Somerset County Park Commission to the attention of the Permit Coordinator at the above listed address.

Name of Organization: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_  
 Street/Address: \_\_\_\_\_ Day Phone # ( ) \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

**Permit #** \_\_\_\_\_

**Dates and game times for which concession is requested:**

Date _____	Date _____	Date _____
Time Game: _____	Time Game: _____	Time Game: _____
Daily Fee \$ _____	Daily Fee \$ _____	Daily Fee \$ _____

Date _____	Date _____	Date _____
Time Game: _____	Time Game: _____	Time Game: _____
Daily Fee \$ _____	Daily Fee \$ _____	Daily Fee \$ _____

**Total Fee enclosed \$** \_\_\_\_\_ **Check #** \_\_\_\_\_

The applicant by his/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.** 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 use of the scoreboard, 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, 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** \_\_\_\_\_

**FOR OFFICE USE ONLY**  
**Signature of SCPC Permit Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

Notes to Park Maintenance and/or Park Rangers:



# Warrenbrook Swimming Pool 2018 Seasonal Pass Application

## Personal Information

Family Name \_\_\_\_\_

Telephone (Day) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Evening) \_\_\_\_\_

Town \_\_\_\_\_

Cell \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

## Family Seasonal Passes (Do not list children ages 3 and under)

Preseason through 6/22/18 as of 6/23/18

First three family members \$325 \$355

COUPLE - Preseason through 6/22/18 as of 6/23/18

Under 60 \_\_\_\_\_ \$230 \_\_\_\_\_ \$250

60 & over \_\_\_\_\_ \$170 \_\_\_\_\_ \$190

Next additional family member \$70 \$80

SINGLE

All remaining family members \$40 ea \$50 ea

4-59 yrs \_\_\_\_\_ \$115 \_\_\_\_\_ \$125

60 & over \_\_\_\_\_ \$85 \_\_\_\_\_ \$95

COUNTY RESIDENTS ONLY:  
COUNTY ID CARD \$45 ea

COUNTY RESIDENTS ONLY:  
WEEKDAY/EVENING ID CARD \$60 ea

The information supplied above is factually true, and those listed above agree to abide by all rules, regulations, and policies governing the use of the Warrenbrook Swimming Pool as established by the Somerset County Park Commission.

**Signature** (Parent/Guardian for youth 17 and younger)

**Date**

Please make check payable to Somerset County Park Commission.

Yes, my child has a disability and may need reasonable modification in order to participate.

If paying by credit card (Visa, M/C, American Express, Discover only), please complete the information below:

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CV2 No. (security code) \_\_\_\_\_

Mail to: Somerset County Park Commission, Attn: Warrenbrook Pool, P.O. Box 5327, North Branch, NJ 08876

Register on line at [www.somersetcountyparks.org](http://www.somersetcountyparks.org)