

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

TENNIS LEAGUE/TOURNAMENT REQUEST

Leagues / Tournaments will be billed for unused reserved court times.
To avoid this charge, you must call at least 24 hours in advance to cancel your reservation.

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: _____	Email: _____

TENNIS LEAGUE:

1. Facility requested: ____ Green Knoll ____ Colonial Park	Number of courts: _____
2. Specific Day requested: First Option Start Date: End Date: Second Option Start Date: End Date:	
Time: From _____	To _____

TOURNAMENT:

1. Number of teams expected: _____	Number of players per team: _____
2. Will fees be charged? _____ What is the amount of Tournament fees charged per person? _____	
3. On site person who will be in charge of the event: Name _____	
4. Day Phone Number: _____	Cell Phone Number: _____
Address: _____	
5. 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.): _____	

Applicant must provide satisfactory evidence of comprehensive liability insurance in the aggregate amount of at least \$2,000,000 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, its 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 908 722-6592 Attn: Recreation Manager.

Name of company: _____	Phone #: _____
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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 will be the basis for denial or revocation of a permit. 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 he/she/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** _____

COMMENTS:

OFFICE USE ONLY

Received by:

Date:

Scheduled:

Receipt #: