

# Recreation Building Use Application/Permit and Guidelines For Use of Recreation Building



Berkeley Township Recreation, 630 Atlantic City Blvd. (Rt.9) P.O. Box B Bayville, NJ 08721 (732)-269-4456 [www.BTREC.org](http://www.BTREC.org)

1. Request Forms must be received a minimum of 10 days prior to the requested date. (Do not schedule more than 3 months ahead.) Initial: \_\_\_\_\_
2. Groups using the Recreation Building MUST be Berkeley Twp. residents. Initial: \_\_\_\_\_
3. A building use application and copy of a valid certificate of insurance must be submitted prior to approval. Insurance must match the name of the person responsible. Initial: \_\_\_\_\_
4. Building hours are available from 8:30am to 4:00pm & 6:00pm to 10:00pm, Monday-Friday. (***The Recreation Building will be closed on ALL major holidays.***) Initial: \_\_\_\_\_
5. A Minimum of ten people is needed to book the Recreation Center for your meeting. Initial: \_\_\_\_\_
6. Please keep the building clean. Every group is responsible for their own Clean Up! Initial: \_\_\_\_\_
7. Supervision of individuals participating in your meetings, and or activities is your responsibility.
8. No Alcoholic beverages, vaping or smoking permitted in township building. Initial: \_\_\_\_\_
9. **\*Recreation has the right to cancel any building use as needed.** Initial: \_\_\_\_\_
10. Notification of cancellation must be at least 1 week prior to your meeting. **No Shows may result in the cancellation of all future permits.** Initial: \_\_\_\_\_
11. Groups must bring their own supplies such as pens, tape dispensers, scissors etc. Initial: \_\_\_\_\_
12. Please call if you anticipate a late arrival (no later than 3PM), otherwise our building manager will leave if the group is not on time. Initial: \_\_\_\_\_
13. The Recreation Center closes at 10:00 PM. All groups **must be out of the building by 10:00 PM.** Initial: \_\_\_\_\_

Agreement to Participate: *The following named, hereby gives my approval to participate in the activities associated with this program. I assume all risks and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Berkeley Township and all of its employees, participants, etc. whether the result of negligence or any other cause.*

Name of Group: \_\_\_\_\_

Person responsible during event and e-mail: \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Group Size: \_\_\_\_\_

Name of 2<sup>nd</sup> in Charge: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell # or Work #: \_\_\_\_\_

Dates Desired: \_\_\_\_\_ Time Desired: \_\_\_\_\_

**Include Set up and clean up time in your time.**

Applicant's Signature: \_\_\_\_\_

Insurance: Homeowners: \_\_\_\_\_ Certificate of Liability: \_\_\_\_\_

Date Received Application: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL OF THE INFORMATION ABOVE MUST BE FILLED OUT IN ORDER TO BE APPROVED**  
**INSURANCE MUST NAME BERKELEY TWP. And BERKELEY TWP. RECREATION ADDITIONALLY INSURED**