

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

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 2nd 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