BOROUGH OF CALIFON HUNTERDON COUNTY

P. O. Box 368 Califon, N.J. 07830 (908) 832-7850 ext. 201

PARK USE APPLICATION

Date:						
Name and Address of Applicant/Organization						
Contact Person:						
Phone Number where you ca						
E-Mail Address:						
Check One: () Non-Profit Organization () (Califon Borough Resident				
() Organization	() Organization/Corporation () Non-Resident					
() Other (pleas	e specify)					
Name of Organization:						
Dates(s) requested:						
Time of Event (start & finish	Set up Time:					
Type of Event and Description	on:					
Facilities you are requesting	to use:					
() Pavilion/picnic area	() Playground Area	() Softball Field				
() Baseball Field	() Basketball Court	() Soccer area				
() Lacrosse area						

Will there be any	cooking equipment bro	ught into the park?	(grills,etc.)
Yes N	No		
If yes, please give	e a description		
Will there be any	v equipment brought into	o the park for this e	event? (Ball pit, music?
Yes N	No		
If yes, please give	e a description		
Name of Insuran	ce Company Covering th	his Event:	
Address & Telep	hone Number		
_	tificate of insurance mus	0	h of Califon as additional Liability with a minimum of
used, including the refor any damage to the	emoval of all garage generated e Park's property or equipment gree to abide by all published o	from this event. I under or the removal of any po	asibility for the cleanup of the areas stand and agree that I am responsible ark property or equipment during this elative to the use of Califon Borough
Print name		Signature	
Fee:	Received:		Exempt from fee ()
Approved:		Date:	
The Borough of C disapprove any ap	Califon Parks and Recreation polication.	on Committee reserv	ves the right to approve or