



Warren Township Recreation Commission



Municipal Pavilion Request Form (PLEASE PRINT)

(908) 753-8000 ext 270
46 Mtn. Blvd & Bardy Rd. Warren
recreation@warrennj.org
www.warrennj.org/recreation

Organization _____

Name of Responsible Person _____

Street Address _____ Email _____

Town _____ State _____ Zip _____

Home Phone _____ Emergency # _____

Description of Activity _____

Days Requested Choose an item. _____ Choose an item. _____

Hours Requested From _____ To _____

Will Admission Be Charged? Yes _____ No _____ If yes, how much? _____

of Participants _____ # of Warren Twp Residents _____ Youth or Adult (circle)

Name of Insurance Carrier _____ Received

Amount of Insurance _____ Expiration Date _____

(Please attach copy of insurance certificate to this form)

Signature of Responsible Person _____ Date _____

(FOR TOWNSHIP USE ONLY)

Warren Township Residents: FREE Warren Township Nonprofit Community Groups: FREE
Township for Profit entities \$50(3hr) Non-Residents & Out of Town for Profit entities \$100 hr
Per fee Ordinance: # 2-20.4b

Recommendation of Recreation Commission: Approved _____ Disapprove _____

Authorized Signature _____ Date _____

Recommendation of Township Administrator: Approved _____ Disapprove _____

Authorized Signature _____ Date _____

Fee:
Date Paid:
Check #/Cash:

Special Licenses needed: **Foodtrucks:** If using a food truck they need a license from our health dept. 2nd floor municipal building. \$25 for one day. Park below pavilion head of "no parking signs"

Special Comments: **Bathrooms:** Pick up key from the Police, show your permit and leave your license. Please leave the bathrooms the way you saw it. **Garbage:** If pails are full, take your garbage home.