

Stillwater Township Recreation Commission

Application Permit for the Use of Grounds

Name of Organization:			
Address of Organization:			
Contact Person:	Name:	Position:	
Telephone No.:	(Home)	(Work/Cell)	
(x) Requested Use:			
	Seasonal	(Please attach a schedule of events)	
	Particular Date	Date:	Time:
(x) Specific Area Requested:		(circle park)	
	Baseball Field	Stillwater Park in Swartswood	Veteran's Memorial
	Soccer Field	Volunteer Field	Veteran's Memorial
	Other:	(please specify):	
Date(s) of Requested Use:			
Times of Requested Use:			
Reason for Request:			

*****PLEASE BE ADVISED THAT NO REQUESTS WILL BE APPROVED UNTIL A PROGRAM SCHEDULE IS SUBMITTED*****

Insurance Coverage Requirements

Full Name of Insurance Carrier: _____

All persons attending the planned function or group or team event are required to be covered by at least \$100,000/\$300,000 of general liability insurance and \$100,000 of property damage insurance.

Your insurance policy must establish the above listed minimum coverage requirements and show the Township of Stillwater as an insured party.

The Township Committee may require "special events" insurance coverage if deemed appropriate.

The Township Committee may waive these insurance coverage requirements for activities sponsored by the Township or for any other activities where deemed appropriate.

A copy of the required general liability and property damage insurance policies must be submitted with this application.

