



Rockaway Township

GROUP RESERVATION – FACILITY REQUEST PERMIT

Name of Group: _____

Name of Sponsor or Responsible Person: _____

Mailing Address: _____

Telephone: _____ e-mail: _____

Park or Facility Requested: _____

Date Desired: _____ Hours Desired: from: _____ to: _____

Rain date (if desired): _____

Activity to be conducted: _____ # of persons in group: _____

Special Needs Request: _____

Insurance Certificate Required: YES ___ NO ___ Policy Number: _____

Beach Badge # _____ Badge Holder's Name: _____ (if applicable)

NOTE: A \$25.00 refundable security deposit is required on all permitted activities. This deposit will be returned if the property is left in clean conditions and no damage has occurred.

Signature of Applicant: _____ Date: _____

- **Once the permit is approved you will receive a copy. You must retain this copy as authorization and be able to present it upon request.**
- **Please be advised that alcoholic beverages are not permitted in any parks or beaches.**
- **Smoking shall be prohibited within all Township parks, playgrounds, beaches and recreation areas, except within designated areas of adjacent parking areas.**

For Office Use Only

Community Services Approval: _____ Initial: _____ Date: _____

Denied: _____ Reason: _____

Police Dept. Approval: _____ Initial: _____ Date: _____

Denied: _____ Reason: _____