South Brunswick Parks and Recreation Dept.

Facility Rental – Resident Rate Request Form

Day and Date of event_____Location_____

Name of Person in charge/ Renter_____

1) **To qualify for a resident rate, 51% of those attending your event must be residents of South Brunswick Twp.**
   - Please submit this list to the Facilities Coordinator a minimum of 2 weeks prior to your event.
2) **Applicant is a:**

( ) South Brunswick Resident

( ) South Brunswick based non-profit (501c3)

( ) South Brunswick based charitable, volunteer or social organization.

( ) Non-South Brunswick based, group, charitable, volunteer or social organization.

( ) A business

Name	**Address**	**Town, State**	**Number of Residents Attending from this address**	**# of Non-Residents Attending from this address**
Examples: resident family: John Doe family	269 Georges Rd	Dayton, NJ	5	
Example, non resident: Mr G Smith	1 Tree Rd	Edison, NJ		1
Name	**Address**	**Town, State**	**Number of Residents attending from this address**	**# of Non-Residents attending from this address**
		TOTAL:	**RESIDENTS:**	**NON RESIDENTS:**