



## SOUTH BRUNSWICK TOWNSHIP DEPARTMENT OF PARKS AND RECREATION

### Cricket Ground Application

**A \$25.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED FOR ALL FACILITY APPLICATIONS**

- Application should be submitted no less than 30 days before the date of the event.
- Permits must be paid in full within 10 business days of approval or date will be forfeited.
- Approved permits must be with the person in charge of the event (named below).
- Refer to facility rules and regulations on our website, [www.sbtnj.net](http://www.sbtnj.net)
- Insurance must be submitted within 10 business days of the application.
- Checks are made payable to "South Brunswick Township"
- There are no rain dates and no refunds for inclement weather. You may reapply in the same calendar year.

**Permit #** \_\_\_\_\_

#### Applicant Info

Applicant Name (MUST BE PRESENT): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Days & Time Requested (choose one): MON. TUES. WED. THURS. FRI. SAT. SUN. Time: \_\_\_\_\_

Days & Time Requested (choose one): MON. TUES. WED. THURS. FRI. SAT. SUN. Time: \_\_\_\_\_

**Team Name:** \_\_\_\_\_ **League Affiliation:** \_\_\_\_\_

Team Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Team Representative: \_\_\_\_\_ Email: \_\_\_\_\_

#### Ground Location

Cricket Ground (1st Choice): \_\_\_\_\_ Cricket Ground (2nd Choice): \_\_\_\_\_

#### Residency requirements

Priority will be given to teams whose rosters consist of **the highest possible percentage of South Brunswick residents**, with preference toward teams that are **closest to 100% residency**. A minimum of **51% South Brunswick residents** is required. All teams must submit a complete roster for review.

Percentage of South Brunswick Residents on Roster: \_\_\_\_\_ %

Will **51% or more** of the players be South Brunswick residents?  YES  NO

Number of South Brunswick Residents: \_\_\_\_\_

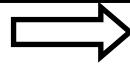
Number of Non-Residents: \_\_\_\_\_

Application Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**INSURANCE / USE OF PREMISES AGREEMENT/ HOLD HARMLESS STATEMENT** A hold harmless statement is required for all events indemnifying South Brunswick Township. A certificate of insurance for certain type of events and facilities, and events in which alcohol is served is required.

Questions regarding insurance contact the Risk Management Department at 732 329-4000, x7671. I/WE, THE ABOVE LISTED APPLICANT(s) indemnify and hold harmless the Township of South Brunswick and assume the risks of all conditions existing in the area covered by this permit and shall assume liability for loss, damage or injury sustained by any person in attendance by reason of negligence of the person. I/We agree and understand that as applicants, we may not apply for the use of these premises on behalf of another person or organization, or sublet Township premises to another person or organization. We agree to abide by the rules and regulations outlined on the reverse side of this permit, and by the ordinances of the Township of South Brunswick. We also agree that while we use the facilities made available by the Township of South Brunswick that we will not discriminate on the basis of race, color, religion, sex, natural origin, age, marital or veteran status, medical condition or disability. In consideration granted by the Township of South Brunswick for the use of premises on this permit, the applicant does hereby covenant and agree to save and hold harmless the Township of South Brunswick, its elected and appointed officials, as well as all employees while acting within the scope of their duties, from any and all liabilities or costs arising out of the use of the described premises by the applicant, the applicant's invitees, or other persons. It is agreed that the use of the facilities on the above named day and date(s) will be used for the named purpose and no other. Applicant acknowledges that the permission to use the above listed facilities is limited to those premises described and only for the activity listed. Notwithstanding the foregoing, however, this agreement shall be applicable to any claim or claims asserted against the Township of South Brunswick or any loss incurred arising out of the applicant's use thereof, whether or not said activity extends beyond the permitted type or locale, or occurs on a different date than specified. Applicant agrees that this indemnification and hold harmless agreement shall include the responsibility to provide legal defense for the Township of South Brunswick for any suit arising out of the applicant's use of the premises, and that should the applicant or applicant's insurance carrier fail or refuse to provide such a defense, the applicant will reimburse the Township of South Brunswick for any and all costs incurred by it for any person or organization acting on its behalf.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Certificate of Liability Insurance Requirements:**

THE CERTIFICATE OF LIABILITY INSURANCE : A. Must cover personal injury and broad form property damage. 1) Amount: Liability must be in a single amount of not less than one million dollars (\$1,000,000.00). B. The insurance certificate must name South Brunswick Township as additionally insured for the date/dates of the event. C. 'South Brunswick Township, 540 Ridge Rd., Monmouth Junction, NJ 08852' must be the listed as the certificate holder.

#### **FOR OFFICE USE ONLY**

<u>Facility Use Application:</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
<u>Team Roster:</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
<u>Certificate of Liability Insurance:</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
<u>Team Licenses:</u>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____

Total Amount Due: \_\_\_\_\_

Non-Refundable application fee: \$25.00 Receipt/CP#: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_

Balance Due : \_\_\_\_\_ Receipt/CP#: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_