

**SPRINGFIELD TOWNSHIP
2159 JACKSONVILLE-JOBSTOWN RD
JOBSTOWN, NJ 08041
APPLICATION FOR USE OF SPRINGFIELD TOWNSHIP PARKS**

Name of Applicant: _____

Address: _____

Telephone No.: _____ (home) _____ (cell)

Email: _____

Name of Organization Sponsoring Activity: _____

Address: _____

Date of Park Use: _____ **Hours:** _____

Name of Park to be Used: _____

Portion of Park to be Used: _____

Purpose: _____

Approximate Number of Participants: _____

Any Other Relevant Information: _____

I, the undersigned, assume responsibility for the event to be held at the above referenced park. I hereby agree to comply with all the rules and regulations set forth in Chapter 141 of the Springfield Township Code Book. I will assume responsibility for any clean up necessary after the completion of the event.

Print Name

Signature

Date

*****Applications should be submitted not later than 30 days prior to the event***
Attached is a copy of Chapter 141 of the Springfield Township Code Book **

| | | |
|---|---------------------------|--------------------|
| OFFICIAL USE ONLY | | |
| Date received: _____ | Received by: _____ | |
| Approved _____ | Denied _____ | Date: _____ |
| Special Instructions: _____ | | |
| _____ | | |
| _____ | | |
| Signature of Township Clerk | | |
| Submitted to Recreation: _____ Approved by Recreation _____ | | |