

Return this application and all support documents to:

Kathy Kearns
Parks and Recreation Secretary
kkearns@cinnaminsonnj.org
(856) 829-6000, ext. 2312



CINNAMINSON TOWNSHIP

MUNICIPAL BUILDING
1621 Riverton Road
Cinnaminson, NJ 08077
Fax (856) 829-3361

ATHLETIC FIELD USE APPLICATION

Date of Application _____

Organization _____

Responsible Person _____

Phone _____ Email _____

Street Address _____ City _____

Purpose of Activity _____ Estimated # of Participants _____

Age Group: Youth _____ Adult _____

Park Requested _____ # of Fields Requested _____

Weekday requested: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Time requested _____ **Unless specified, weekday times are from 5:30 pm to dusk*

Saturday	9am-11am	11am-1pm	1pm-3pm	3pm-5pm	5pm-7pm	7pm-9pm

Sunday	9am-11am	11am-1pm	1pm-3pm	3pm-5pm	5pm-7pm	7pm-9pm

Specify single dates _____

Specify weekly dates beginning _____ ending _____

Special Accommodations Needed : _____ Police/Security _____ DPW staff _____ Concession Stand

The following documents must be submitted with each application:

- *Copy of certificate of insurance adding Cinnaminson Township as "additionally insured"
- *Copy of roster including name, age and home address
- *Cinnaminson Township Organizations - Copy of most recent Tax Form 990

Signature of Responsible Person

Date