

Return this application and all support documents to:

Kathy Kearns  
Parks and Recreation Secretary  
[kkearns@cinnaminsonnj.org](mailto: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 \_\_\_\_\_

Address \_\_\_\_\_

Purpose of Activity \_\_\_\_\_ Estimated # of Participants \_\_\_\_\_

Age Group: Youth \_\_\_\_\_ Adult \_\_\_\_\_

Park Requested \_\_\_\_\_ # of Fields Requested \_\_\_\_\_

(Please submit separate form for each Park requested)

Weekday requested: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

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

<b>Saturday</b>	9am-12pm	12pm-3pm	3pm-6pm	6pm-9pm

<b>Sunday</b>	9am-12pm	12pm-3pm	3pm-6pm	6pm-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