



# Borough of North Plainfield Parks and Recreation



## Application for Usage of Green Acres Park

Person(s) Completing This Form

Person(s) Who Will Be In Charge

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

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

Organization  
or Group: \_\_\_\_\_

Organization  
or Group: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will food or other beverages be served? Yes  No

Permit for Alcoholic Beverages? Yes  No

Specify locations needed in park: \_\_\_\_\_

\_\_\_\_\_

Specify activities planned: \_\_\_\_\_

\_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Time: \_\_\_\_\_ until: \_\_\_\_\_ Expected number attending: \_\_\_\_\_

Admission charge: Yes  No  If yes, for what cause and amount \$: \_\_\_\_\_

\_\_\_\_\_

I HAVE REVIEWED THE REGULATIONS ESTABLISHED FOR GREEN ACRES USAGE AND AGREE TO HAVE MY GROUP ABIDE BY THESE RULES IN ADDITION TO ANY OTHER SPECIAL RESTRICTIONS ESTABLISHED BY THE COMMITTEE AND OUTLINED BELOW.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Application Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Required: \_\_\_\_\_

Special restrictions or conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parks and Recreation Director Signature \_\_\_\_\_

**\*\*\*\*\*YOU MUST CALL 908 756-0247 WITHIN 24 HOURS PRIOR TO ANY CANCELLATION\*\*\*\*\***