

Fee Paid _____
Cash _____
Check # _____

LAUREL ACRES PARK FACILITY APPLICATION

Name of Organization _____

Name of Adult Responsible _____

Address _____ **Phone #** _____

Type of Activity/Program _____

Day(s) and Date(s) Requested _____

Times: Beginning _____ **Ending** _____

Number of People Attending: _____

Specify Park Facility Requesting:

Pavilion (whole) _____ **(half)** _____ **Other** _____

Note: Mount Laurel Township's liability insurance policy does not extend to individuals and organizations using park facilities. For this reason, all organizations must supply Mount Laurel Township with their own certificate of insurance naming Mount Laurel Township as additionally insured.

This permit is issued to the applicant above for the sole purpose listed. It is for the facilities listed on this permit only. In accepting this permit, the application for itself, its members and invitees accepts and assumes the risk of all the conditions existing in the area covered by the permit and approaches thereto and agrees to indemnify and hold harmless Mount Laurel Township, Mount Laurel Parks and Recreation, and all of its employees from all claims, damages, losses and expenses arising from the use of Mount Laurel property permitted by this agreement.

I have read, understand and agree to the above agreement.

Signature of Applicant **Date** **Telephone**

**PRIOR TO SUBMITTING APPLICATION, CALL #856-234-2070,
FOR DATE AVAILABILITY AND FEE SCHEDULE.**

This request is approved by: _____ **Date**
Parks and Rec. Department