

Vernon Township Department of Community Affairs (Recreation) 21 Church Street, Vernon, New Jersey 07462 Phone 973.764.4055 ext. 2261



Information Checklist

| Please use this as a check list to make sure your application is complete and include this with your packet. | | | | | |
|---|--|--------------------------------------|-------|-------------------------|-----|
| Securit Certific | of applicant/organization _ ty deposit of \$1000.00 cate of liability insurance list of 501-3(c) status from IRS | • | | | |
| Fee Sch | nedule as per Vernon Township | Ordinance 19-19 (Vernon Township | sanct | tioned sports are exemp | ot) |
| Field U | l <u>se</u> | | | | |
| \$75 <u>Lights</u> \$75 | 00.00/hr for all not non-profit us.00/hr for non-profit users. .00/hr in addition to field use of .00/hr in addition to field use .00/hr in addition to .00/hr in addition to .00/hr in | harges for all not non-profit users. | | | |
| Plea | ase attach the following: | | | | |
| All games schedules, times and fields All practices schedules, times and fields League and/or Organization By-Laws List of coaches receiving extended light and turn off privileges List of Officers with cell numbers, e-mail addresses & certifications List of all registered participants, addresses and phone numbers Signed Field Request Form Signed Vernon Township Facilities and Park Rules If requesting School Fields, you must also submit a separate BOE Use Form for each applicable school to the Vernon Township BOE. Please include a copy with this packet – all permits are then issued from the Department of Recreation. Do you conduct a Criminal History Background Checks for all volunteers? Yes No | | | | | |
| Do you certify your coaches & all volunteers? | | | Yes | No | |
| What ty | pe of certification do your coad | ches have? | | | |
| (Please | include name of certification & | expiration date, if applicable) | | | |
| | | CERTIFICATION: | | | |
| | By signing below, I hereby certify that the information on this checklist and attached to it is complete and accurate. I also acknowledge that if this information is incomplete or inaccurate that my organization and/or team(s) may be suspended from using the Vernon Township Recreation facilities until it is completed and/or the inaccuracies are corrected. | | | | |
| | Print Name | Signature | | Date | |