



Vernon Township Department of Community Affairs (Recreation)

21 Church Street
Vernon, NJ 07462

Phone: 973.764.4055 ext. 2261 Fax: 973.764.4799

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Vernon Township Field Request Form

Name of Organization: _____

Mailing Address: _____

Telephone # (Day): _____ (Evening): _____

Contact Person: _____ Cell #: _____

Email: _____

Type of Event (Purpose): _____ No. of People: _____

Field # _____ Start Date: _____ End Date: _____

Time (Start & Finish): _____ Lights: Yes No

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Special Requests or Comments: _____

Field # _____ Start Date: _____ End Date: _____

Time (Start & Finish): _____ Lights: Yes No

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Special Requests or Comments: _____

Field # _____ Start Date: _____ End Date: _____

Time (Start & Finish): _____ Lights: Yes No

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Special Requests or Comments: _____

Please include a copy of your organization 501C-3 certificate from the IRS

NO ALCOHOLIC beverages will be distributed or consumed. NO SMOKING on any recreation area. (Ordinance # 05-22)

We have read park rules and will abide by them.

NAME (Print)

SIGNATURE

DATE

As it applies to my participation, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state or the community.

INITIAL