



2010 Field Usage Request Form



Sport: _____ Team Name: _____ Age(s): _____

Applicant Name: _____

Applicant Full Address: _____

Daytime Phone: (____) _____ Cell Phone: (____) _____

Fax: _____ E-Mail: _____

Organization: _____ League Commissioner: _____

Is your organization Twp. approved for field use? Yes No

(If not, please call the office to schedule a meeting with the township recreation committee.)

Season: Spring Fall Other Applicable Dates from: _____ to: _____

- Please include your team rosters (including addresses & school attending) along with Coaches forms (provided by Community Services) & Insurance Certificate.



REQUESTED INFORMATION:

Requested Field Baseball Softball Soccer Other: _____

1st Choice date (s) / day (s): _____ Time (s): _____

2nd Choice date (s) / day (s): _____ Time (s): _____

Usage: Practice Games All-stars Clinic Other _____

Misc. Request: _____

- Please note, this is simply a request, dates, times & locations are assigned per age group and distributed on a first come first served basis upon availability. School fields cannot be used on weekdays prior to 5:30 pm.

OFFICE USE ONLY - APPROVALS:

Insurance: On File C/o Organization: _____

Date Received: _____

Expiration Date: _____

Approved Field Use Location:

Veteran's Memorial Park Wrangleboro Road Park Zurich Ave Soccer Fields

Tartaglio Park Municipal Complex School Field _____

Other _____ Field Assigned: _____

Approved Date (s) / Day (s): _____ Time (s): _____

Approved by: _____ Date: _____

Misc/Notes : _____



Send to ~ Galloway Community Services/ Field Usage
636 S. New York Road, Galloway, NJ 08205
Phone: (609) 652-8657 Fax: (609) 652-9985

