EDISON TOWNSHIP DEPARTMENT OF RECREATION

APPLICATION FOR USE OF PUBLIC ATHLETIC FACILITY

1. Athletic Facility Requested PAPAIANNI SOCCER FIELD
(One Form For Each Facility Requested)

**If applying for a cricket field, please fill out the following:**

_____T20 OR _____ONE DAY _____SOFTBALL OR _____HARDBALL
_____AM (7:30 AM-11:30 AM) _____PM (12:00 NOON-6:00 PM)

2. Dates & Times of Use APRIL 10TH THRU JUNE MON-THUR 6-9PM SAT&SUN 9AM-1PM

3. Purpose of Use SOCCER PRACTICE & GAMES (AS NEEDED.

4. Approximate Number In Group 50

5. Name of Organization or League if applicable EDISON UNITED SOCCER ASSOC.

6. Name & Address of Edison Resident Requesting Field or Person Representing Organization, League or Tournament as put on form.

ROBERT F. NAGELE

Phone: H- 732-361-4234 Cell Phone: 732-491-7199

E-Mail Address bobNAGELE195@gmail.com

7. Name & Address of League or Liaison for Organization

SAME

Phone: Cell Phone:

E-Mail Address

The person, whose signature appears below, agrees for the group, organization or league to comply with the Edison Township Rules & Regulations concerning the use of the facility as stated in Chapter XXIV titled Parks & Recreation Areas. The organization will also provide a Certificate of Insurance, naming the Township of Edison and/or the Edison Township Board of Education and/or the holder of the Concessionaire's Lease as additional insured, if requested.

THE APPLICANT DOES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS EDISON TOWNSHIP, ITS OFFICERS, EMPOYEES AND AGENTS FROM AND AGAINST ALL LIABILITY, CLAIMS AND DEMANDS ON ACCOUNT OF INJURY, LOSS OR DAMAGE, OR ANY OTHER LOSS OF ANY KIND WHATSOEVER; WHICH ARISE OUT OF OR ARE IN ANY MANNER CONNECTED WITH THE USE OF THIS FACILITY. APPLICANT AGREES TO BE LEGALLY AND FINANCIALLY RESPONSIBLE FOR THE CONDUCT AND CONTROL OF BOTH PATRON AND PARTICIPANT, AND TO COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS. IT IS FURTHER UNDERSTOOD AND AGREED THAT EDISON TOWNSHIP DOES NOT PROVIDE ANY INSURANCE COVERAGE FOR THE PARTICIPANT, ORGANIZATION OR LEAGUE.

Date april 10, 2024 Signature Robert F. Nagele

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(OFFICE USE ONLY) PROCESSING FEE $50.00

Date Received 4/10/24 Emp Initials BM
Amt. Paid _____ Check/MO# _____ Cash _____
CC Type _____ CC (Last 4 digits) _____
Fee Waived ✓

Comments Will be Asked to let others use the field From time to time As Needed! This was agreed with Recreation

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Request Approved? _____Yes _____No Benn May
Signature – Recreation Personnel

S: athleticfacilityrequestform – revised 3/717 dwt