

SENATOR ROBERT E. LITTELL COMMUNITY CENTER

10-12 Munsonhurst Road Franklin, New Jersey 07416

Phone: (973) 827-9734 Fax: (973) 827-9736

Email: littellcenter@hardyston.com

APPLICATION FOR RENTAL OF COMMUNITY CENTER

Date of Application: _____

For Office Use

Deposit Fee: _____ Ck # _____ Rec'd by _____

Key/s Issued: _____

Deposit Amt: _____

Key Returned: _____

Rental Fee: _____ Ck# _____ Rec'd by _____

Dep. Returned: _____

1) Purpose of Request: _____

Daily _____

*Single Use ___ or Ongoing ___ (check one)

Weekly _____

*A \$100.00 security deposit will be required at time of application.

Monthly _____

Please make check payable to: Township of Hardyston.

Other _____

2) Room(s) Requested:

___ Gym

___ Kitchen/Cafe

___ Community Room

3) Date(s) / Time(s) Requested: (If this is a seasonal activity, note beginning & ending dates)

Date(s): Beginning: _____ Ending: _____ Day _____

Time(s): From: _____ to _____

AM

PM

AM

PM

4) The maximum number of people estimated to attend is: _____.

5) Minimum of 72 hours notification for cancellation of event

6) Certificate of Insurance _____

7) License or permit issued (please check) _____

HOLD HARMLESS AGREEMENT

For and in consideration of the use of the above Robert E. Littell Community Center, the applicant agrees to save and hold harmless the Borough of Franklin, Township of Hardyston and the New Jersey Department of Military and Veteran's Affairs, its servants, agents, employees, or any subdivision thereof, from any and all liability or costs arising out of the use of the above premises or property by the applicant, the applicant's invitees, or other persons present at the time of the applicant's use of the premises.

The applicant specifically agrees that this indemnification and HOLD HARMLESS AGREEMENT shall include the responsibility to provide legal defense for the Borough of Franklin, The Township of Hardyston, New Jersey Department of Military Affairs and its employees for any suit arising out of the applicant's use of the premises and that should the applicant's insurance carrier fail or refuse to provide such a defense, the applicant will reimburse the Borough for any costs incurred by it for any person or organization acting on its behalf.

Name of Applicant _____ Non-Profit
Yes ___ No ___
(Organization or Group) (check one)

Signature of Officer _____ Tax exempt # _____

Print Name of Officer _____

Address _____

(Street)

(City)

(State)

(Zip)

Home Phone _____ Business # _____ Fax# _____

Cell # _____ Email address _____

Smoking, use of illegal drugs or alcoholic beverages is prohibited in the facility or on the grounds.