

LITTELL COMMUNITY CENTER

Application for Use of Facility

Organization: _____

President/Leader: _____

Address: _____

Phone #: _____ Email: _____

Additional Contact Person: _____

Phone #: _____ Email: _____

Purpose for Use: _____

***Please do not use this form for rentals or onetime special events**

****Be sure to check facility calendar before requesting time(s)/date(s). Calendar is viewable at www.hardyston.com under Programs/Recreation/Littell Community Center**

**Application/Service Fee:
\$50.00 – Non-Refundable Application Fee.
(One Time Fee. Subsequent events do not apply.)**

<u>Group Status:</u>	<u>Application to Include:</u>
Hardyston Twp. Dept/Agency: _____	Certificate of liability insurance _____ (Must list "Hardyston Township, Franklin Boro, Hamburg Boro, Dept. of Military Affairs & State of New Jersey" as additional insured)
WV Youth Sports Organization _____ (70% Hdystn/FrklN/Hburg Residents): _____	Completed Participant Roster _____
Travel Team: _____	Usage Form(s) _____
WV Youth Sports Organization _____ (less than 70% Hdystn/FrklN/Hburg): _____	Application Fee _____
Private Ball Club/team, Sports camp, etc. _____ (must be 70% Hrdystn/FrklN/Hburg Residents)	Key deposit (\$100 each key) _____
Other Non-Profit Organization:* _____	Coach or Group Leader Roster _____
Non-resident groups (rental fees apply) _____	* Copy of 501C-3 Certificate _____
	Rental Fees _____

Hold Harmless Agreement

For and in consideration of the use of the Littell Community Center, the applicant agrees to save and hold harmless the Littell Community Center, Township of Hardyston, Franklin Borough, Hamburg Borough, The Department of Military & Veteran Affairs, the State of New Jersey, its servants, agents, employees or any subdivision thereof, from any and all liability or costs arising out of the use of these 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 aforesaid 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 any costs incurred for any person or organization acting on it's behalf.

We agree to this Hold Harmless Agreement. We have read the Facility Rules and will abide by them.

(signed)

(dated)

Completed applications must be sent to:

Littell Community Center

10-12 Munsonhurst Road, Franklin, New Jersey 07416

Phone: 973-827-9734

Fax: 973-827-9736

Email: littellcenter@hardyston.com

www.hardyston.com

Recreation Department Use Only:

Date Received: _____
 Deposit/Fees: \$ _____ Receipt # _____
 Key (s) Given: _____ Date: _____
 Application: Approved _____ Denied _____

Facility Usage Form Littell Community Center

Group or organization: _____

Season Dates: From _____ to _____

***Please check facility calendar before requesting time(s)/date(s). Calendar is viewable at www.hardyston.com under Recreation Programs, Littell Community Center**

Room	Time	Mon	Tues	Wed	Thur	Fri	Sat	Sun
GYM								
	4:30-5							
	5-6							
	6-7							
	7-8							
COMM. ROOM								
	3-5							
	5-6							
	6-7							
	7-8							
CAFE								
	3-5							
	5-6							
	6-7							
	7-8							

**Hour and one-half (90 minute) time slots will be given as
6:00 to 7:30pm or 7:30 to 9:00pm ONLY.**

**Depending on need and size of group, organizations may be asked to use
smaller room or share large space.**

Special Requests or
Comments: _____

Other Dates:
(Registration, Season End Gatherings, Coaches Meetings, etc.)

Room	Date(s)	Time(s)

Roster Summary

Group: _____

Total Participants: _____

Hardyston Township _____

Franklin Borough _____

Hamburg _____

Ogdensburg _____

Vernon _____

Lafayette _____

Sussex/Wantage _____

Other Facilities Used

Location	Times of Use

Littell Community Center
Request for Service Form

Date: _____

Organization: _____

Group Rep: _____

Contact #: _____

Service Request For:

Request for Service Forms shall be presented to the Recreation Office
at the Littell Community Center.

Please allow up to three (3) weeks for a response.

Department Use Only:

Date Received: _____

Date Completed: _____

Confirmation: _____