

Cresskill Community Center
100 3rd Street, Cresskill, New Jersey 07626
Tel: 201- 816-8066

Application for use of Facilities

Date: _____

Application Number: 00 _____

All applications must be submitted to the Borough Hall 30 days prior to event

Gymnasium Full Half Court Both Half Courts
Date: _____ Time: (From Start to Finish) _____

Multi-Purpose Room A (Divider) Full Room Half Room
Date: _____ Time: (From Start to Finish) _____

Multi-Purpose Room B Full Room
Date: _____ Time: (From Start to Finish) _____

Multi-Purpose Room C (Slop Sink)
Date: _____ Time: (From Start to Finish) _____

Estimated number of participants: _____ Will there be an audience? Yes No

Will admission be charged? Yes No Estimated number in audience: _____

If Yes, for what purpose will funds be used? _____

Purpose of rental? _____

Additional services needed? _____

If this application is approved and granted, _____ agrees to assume responsibility for
(name of group, organization or person)
the preservation of order at said facility, liability for any damage thereto or loss of property that may occur in the course of this use, and the observance of all Rules & Regulations as stipulated in the Borough Code. A copy of the Rules and Regulations is attached hereto. Violations of these regulations are subject to summons and court appearance.

This permit must be in your possession at the time of use and should be shown upon request to any duly authorized agent of the Cresskill Community Center

If this application is approved a fee may be assessed and must be paid prior to date of use payable by check to the Borough of Cresskill. Cancellations or changes in this permit must be made at least three (3) weekdays in advance of the scheduled date. All permits are issued upon availability.

Printed Name of Applicant: _____ Signature & Date: _____

Applicant, Group, Organization name: _____

Full Address: _____ Cresskill, New Jersey 07626

Telephone Cell: _____ Day: _____ Eve: _____ Fax: _____

E-mail: _____

Contact person: _____
(Name Phone Cell Day/Eve Fax E-mail)

For Office Use Only:

Approval: _____ Date: _____ Fee: _____ Paid: _____
(Trustee Name)