

Hampton Township Recreation Committee
Sports Check Disbursement Checklist

The receipt of the checklist below is a requirement for your annual sports funding from the Hampton Township Recreation Committee. Please fill out the checklist below and email it to Recreation Committee Secretary Diana Juarez at deputyclerk@hamptontwp-nj.org, mail or bring it in to Hampton Township Recreation Committee, Attn: Diana Juarez, 1 Rumsey Way, Newton, NJ 07860. Failure to provide this form yearly will hinder your ability to collect a sports team's annual funds. Please note, Hampton Township's Fiscal Year runs from January-December. Any form submitted after December 31 of the requesting year will not be disbursed. Unless otherwise noted on a specific sports form, all NAYS Certification Form, Certificate of Insurance, Facility Use Forms, attendance in 2 Recreation Committee Meetings, and participation in 1 event. Any Hampton Twp. Sports Team is eligible to receive \$1,200 in annual funding and any sports team shared with other towns is eligible to receive \$600 in annual funding.

Sports Team Name: _____

Representative(s) Name: _____

Phone #: _____ Email Address: _____

Mailing Address: _____

CHECKLIST

NAYS Coaches Certification Forms Enclosed: YES NO

Certificate of Insurance Enclosed: YES NO

Facility Use Form Enclosed: YES NO

*If you answered NO, where do you practice and have games? _____

In the year prior, what Event did you volunteer in? _____

Who participated in the event (can be any coach/parent on your team): _____

In the year prior, what 2 Meetings did you or any sports member attend? _____

Who attended the meetings? _____

Sports Team Representative Signature: _____ Date: _____

Received by: _____ Date Received: _____

Check Disbursed: YES NO Date Check Disbursed: _____

If check was not disbursed, why: _____

Hampton Township
Facility Use Application

1. Facility to be used:
☐ Pavilion Rental ☐ Community Center ☐ Field Use
If Pavilion Rental, please see Pavilion Usage section below.
2. Submission Date: _____
3. Individual making request: _____
Address: _____
Phone number: _____ Email: _____
4. Information:
 - a) Date (s): _____
 - b) Event & Activities Planned: _____
 - c) Hours of use: _____ to _____
 - d) Please include Summary of events and any promotional documents with this application.

All users are required to maintain, in addition to any insurance required by law, Comprehensive Liability insurance, in an amount not less than \$1,000,000 per occurrence. Hampton Township must be named as an additional insured on this policy. A certificate of insurance as described must be provided before the facility is used. Failure to enforce the required production of the certificate will not void users' obligation to provide the insurance as aforesaid. In addition, by making this application, user agrees, that should this application be granted, user will indemnify, hold harmless, and defend the District against any and all demands, claims, damages, fees, cost and liabilities of injuries, accidents, incidents, disease or virus, (including but not limited to attorney's fees) to the fullest extent permitted by law. At the discretion of the Township Administrator and or Township Committee, the insurance certificate may be waived and replaced in total with the hold harmless and indemnity agreement included in this paragraph.

I have received a copy of the Township policy for use and care of the premises and agree to follow all rules and regulations as written. Failure to follow rules and regulations may cause loss of security deposit.

Signature: _____ Date: _____

PAVILION USAGE: **Pavilion available for Hampton Township residents only.**

- Request date with Township (973) 383-5570
- A \$100 deposit for Hampton Township residents & non-profit organizations. A \$500 deposit for corporations & commercial organizations needed to secure date.
- Must pick-up & sign for restroom key the day prior if on weekend or day of during the week.
- Parties are responsible for the disposal of all trash into the proper receptacles.
- If restrooms are left unlocked and as a result vandalized, the cost of repairs associated with damages will be your responsibility & deducted from deposit.
- **MOST IMPORTANTLY, TURN OFF LIGHTS & LOCK RESTROOM DOORS.**
- Return key to Township either by placing it in the drop box located in the front of the municipal building or deliver it in person on the first business day following your event.
- The bathrooms are cleaned prior to each event. They must be left in the same condition so we can promptly return your deposit to you.
- **SPORTING ORGANIZATIONS WILL ALWAYS TAKE PRECEDENCE OVER ANY PRIVATE PARTIES. IF THERE ARE ANY CONFLICTS YOU WILL BE CONTACTED.**
- **PARTIES OF 100 OR MORE PEOPLE MUST PROVIDE PORT-A-JOHNS AT THEIR OWN EXPENSE.**

I have read and agree to fully comply with the rules regarding parties in the Hampton Township Pavilion.

SIGNATURE: _____ **DATE:** _____

Township Use Only:

Conflict ☐ No Conflict ☐

Needs to be rescheduled ☐

Approved ☐ Disapproved ☐

DEPOSIT RECEIVED _____

Waiver of certificate of insurance in lieu of hold harmless/Indemnification:

Approved _____ Disapproved _____

AUTHORIZED TOWNSHIP SIGNATURE

DATE