

Community Affairs/Parks and Recreation

301 Bluebell Rd, Williamstown, NJ 08094

Office: Community affairs 856-728-9840/ Parks and Recreation 856-728-1372

FAX: 875-2202

Date(s) of use	The Whole Pfeiffer Community Center MPR (limit of 150 persons) Room A, lower level (limit of 30 persons) Room B upper level (limit of 30 persons) Room B upper level (limit of 30 persons) Room B upper level (limit of 30 persons) Room 2 (20 People) Date(s) of use Day of Week Time period of use Purpose (Entire time needed, including setup and breakdown) Kitchen Stage Microphone Sound System Warming tables (call_the office) Special request for equipment/facilities (Must have prior approval for these requests) B. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of ust be given. This section MUST be complete for approval to be granted.	A			is requesting us	e of:
MPR (limit of 150 persons)Room A, lower level (limit of 30 persons)Room B upper level (limit of 30 persons) b House (Sport Groups Only)Room 1 (15 People)Room 2 (20 People) Date(s) of use	MPR (limit of 150 persons)Room A, lower level (limit of 30 persons)Room B upper level (limit of 40 persons)	(Name	of Organization)			
Date(s) of use	Date(s) of use	_	The Whole Pfeiffer	Community Cente	r	
Date(s) of use	Date(s) of use	MPR (limit of 150 per	rsons) Room A, lowe	er level (limit of 30 p	persons) Room B upper level (limit of 3	30 pers
(Entire time needed, including setup and breakdown)	Time period of use	b House (Sport Groups Only	Room 1 (15 Pec	ople)	Room 2 (20 People)	
(Entire time needed, including setup and breakdown) Kitchen Stage Microphone Sound System Warming tables (call the office) Special request for equipment/facilities (Must have prior approval for these requests) B. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of but the given. This section MUST be complete for approval to be granted.	(Entire time needed, including setup and breakdown) Kitchen Stage Microphone Sound System Warming tables (call the office) Special request for equipment/facilities (Must have prior approval for these requests) B. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of it be given. This section MUST be complete for approval to be granted.	Date(s) of use			Day of Week	
KitchenStageMicrophoneSound SystemWarming tables (call_the office) Special request for equipment/facilities (Must have prior approval for these requests) B. Primary Contact Person is: NameTitle Address CityStateZipPhone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of but be given. This section MUST be complete for approval to be granted.	KitchenStageMicrophoneSound SystemWarming tables (call_the office) Special request for equipment/facilities (Must have prior approval for these requests) B. Primary Contact Person is: NameTitle Address CityStateZipPhone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of the given. This section MUST be complete for approval to be granted.	Time period of use		Purpose		
Special request for equipment/facilities (Must have prior approval for these requests) 3. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of but be given. This section MUST be complete for approval to be granted.	Special request for equipment/facilities (Must have prior approval for these requests) 3. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of t be given. This section MUST be complete for approval to be granted.		(Entire time neede	ed, including setup a	nd breakdown)	
Special request for equipment/facilities (Must have prior approval for these requests) B. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of but be given. This section MUST be complete for approval to be granted.	Special request for equipment/facilities (Must have prior approval for these requests) B. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of it be given. This section MUST be complete for approval to be granted.	Kitchen	Stage Microphone	Sound System	Warming tables (call_the office)	
B. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of but be given. This section MUST be complete for approval to be granted.	B. Primary Contact Person is: Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of st be given. This section MUST be complete for approval to be granted.		_	-		
Name Title Address State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of but be given. This section MUST be complete for approval to be granted.	Name Title Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of t be given. This section MUST be complete for approval to be granted.	<i>Speci</i>	ai request for equipment/jact	unes (Must nave pri	or approvai for these requests)	
Address	Address City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of st be given. This section MUST be complete for approval to be granted.	B. Primary Contact Person is:				
City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of but be given. This section MUST be complete for approval to be granted.	City State Zip Phone E-Mail Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of at be given. This section MUST be complete for approval to be granted.	Name	Title_			
E-Mail	E-Mail	Address				
Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of be to be given. This section MUST be complete for approval to be granted.	Please provide information for one (1) additional contact persons, in the event notice of change in scheduling or closing of t be given. This section MUST be complete for approval to be granted.	City	State	eZip	Phone	
t be given. This section MUST be complete for approval to be granted.	t be given. This section MUST be complete for approval to be granted.	E-Mail				
t be given. This section MUST be complete for approval to be granted.	t be given. This section MUST be complete for approval to be granted.	Plagga provide information f	or one (1) additional contac	ot norsons in the ex	cant notice of change in scheduling or closin	og of b
Name Title	NameTitle				rent notice of change in scheduling of closin	gorbi
		Name		Title		
Address		Address				

D. Rules & Regulations Governing Use of Township Buildings*.

*The term "Township Buildings" shall imply any and all buildings or grounds administered by the Monroe Township

All organizations/persons wishing to use the **Township Buildings** must completely fill out the **"AGREEMENT for USE of the COMMUNITY AFFAIRS PROPERTIES/PARKS & RECREATION** form.

- 1. There shall be NO SMOKING in the **Township Buildings**, as per the statutes of the State of New Jersey and the Code of the Township of Monroe.
- 2. There shall be no trash left on the floor of any room or building or on the outside grounds. Proper containers are available for this purpose. **PLEASE LEAVE ROOM HOW YOU FOUND IT.**
- 3. All facilities of the **Township Buildings** are to be treated with respect and consideration. Setup (other than normal arrangements of furniture) is the responsibility of the organization/persons using the Property.
- 4. Closing time is 9:30 p.m. sharp! All persons shall vacate the buildings by 9:30 p.m. for proper maintenance to take place.
- 5. Damage or loss to the **Township Buildings**/Property shall be reported immediately to a **Representative of Community Affairs/Parks and Recreation**. Repair or replacement costs are the responsibility of the organization involved.
- 6. No adjustments are to be made to any **THERMOSTATS, AIR CONDITIONERS, WINDOWS or VENDING MACHINES** without the consent of the Building Maintenance Worker on duty.
- 7. Any changes in the scheduled meeting date or time, or requests for additional meetings must be made to the Office of Community Affairs during regular business hours (9:00 a.m. to 4:00 p.m.). The Building Maintenance Worker on duty is **NOT** permitted to take such requests
- Please notify Community Affairs/Parks and Recreation at least 24 hours prior to a cancellation. This will help us to provide meeting space for everyone.
- 9. We reserve the right to CLOSE the building for any reason. Proper advance notification will be given, if time and circumstances permit said notification. (i.e. inclement weather).
- 10. The Township of Monroe is not responsible for personal injuries, lost or stolen articles or for the actions of persons attending particular events/activities.
- Representative of Community Affairs/Parks and Recreation will conclude any matters regarding questionable activities or organizations.
- 12. If any group, organization or person fails to comply with any of these regulations, they may be denied future use of the Community Affairs Property, at the discretion of a **Representative of Community Affairs/Parks and Recreation**

E. I/We have read, understand and agree with the above listed rules and regulations governing the use of the Township Buildings

13. Normal operating hours of the **Township Buildings** Property are Monday – Friday, 9:00 a.m. – 9:30 p.m. and Saturday 9:00 a.m. – 4:00 p.m. Use of the property at times other than these, may constitute a need for an organization to pay for the staffing of the property. This need will be determined at the time of reserving space, at the discretion of the Director of Community Affairs/Parks and Recreation.

Property and will abide b	y same.		
Signature	Title	Date	
APPROVED BY:			
		Date:	
Representative of Community	Affairs/Parks and Recreation		
Notes/Comments:			
	For Office Use Only:		
	Copy of Organization's Reque	est on letterhead	
	Scheduled and confirmed on	ovents calendar	

Copy of fully executed agreement mailed