

Township of East Brunswick
Department of Parks, Recreation & Community Services
Coalition of Athletic Organizations
Township and Board of Education Facility Use Request

Organization: _____

Responsible Person: _____

Phone: _____ Email: _____

Today's Date: _____

Facility(Park/School) Requested: _____

Field/Gym/Room Requested: _____

Additional Equipment Requested:

Public Address System: _____

Concession Facility: _____

Scoreboard: _____

Restrooms: _____

Other (Specify): _____

Other (Specify): _____

Date(s) Requested: _____

Day(s) of Week: _____

Actual Hours of Use: _____ Include Set-up and Clean-Up Time

Admission Charged?: _____

Estimated Attendance: _____

Purpose of Event: _____
