

**REQUEST FOR USE OF FACILITIES
AT MARLTON RECREATION AREA**

NAME OF ORGANIZATION _____

PERSON IN CHARGE _____

ADDRESS _____

TELEPHONE _____

FACILITIES REQUESTED _____

PURPOSE _____

DATE(S) OF USAGE _____

TIME(S) OF USAGE _____

I AGREE TO THE ATTACHED RULES, REGULATIONS AND POLICY OF THE MARLTON RECREATION AREA CONCERNING USE OF FACILITIES. I FURTHER HOLD THE MARLTON RECREATION AREA, THE PILESGROVE WOODSTOWN RECREATION ASSOCIATION, PILESGROVE TOWNSHIP AND THE BOROUGH OF WOODSTOWN, THEIR ELECTIVE OR APPOINTIVE EXECUTIVE OFFICERS, INCLUDING MEMBERS OF THE BOARDS OR COMMISSIONS OF SUCH BODIES, EMPLOYEES AND AUTHORIZED VOLUNTEERS HARMLESS FROM ANY CLAIMS WHICH COULD BE MADE BY ANY MEMBER OF THE ORGANIZATION UTILIZING THE AREA.

AUTHORIZED SIGNATURE _____

**COMPLETE THE ABOVE FORM AND RETURN TO:
MARLTON PARK FACILITY RESERVATION 1180 RT. 40 PILESGROVE, NJ 08098

**THIS PORTION WILL BE RETURNED TO YOU FOR YOUR RECORDS ALONG WITH A
RECEIPT FOR PAID RESERVATION FEE**

PERMISSION IS HEREBY GRANTED TO _____
BY THE PILESGROVE WOODSTOWN RECREATION ASSOCIATION FOR THE USE OF THE

FOLLOWING FACILITIES _____ ON _____

(TIME) _____ TILL _____.

AUTHORIZED SIGNATURE _____

DATE _____