Ewing Recreation Department Request Form for Township Parks and Fields 2024

Email: npappano@ewingnj.org

| | | | TODAY S DATE: |
|-------------------|------------------|--|--|
| FULL NAME: | | | |
| ADDRESS: | | | |
| PHONE#: | | EMAIL: | |
| DATE(S) REQUEST | ED: | | _TIME: |
| | PIC | NIC AREAS OF THE PA | ARKS ONLY |
| John Watson (100 |) max): | _ Higgs Park (60 max | x): Municipal(60max) |
| Field/s: | | | |
| | | | · |
| If reque | st is made for a | n organization, plea | se list organization information. |
| NAME: | | | |
| | | | |
| PHONE# | | EMAIL: | |
| | • | • | d on a first come, first served basis. |
| | • | | ich must be at least 30 days apart resident \$40.00 Military non resident \$80.00 |
| | | | resident \$40.00 Military non resident \$80.00 rentals \$100.00 per date. |
| | | | , due when request is approved. |
| | | | v. Fees are double for non residents. Additiona |
| | - | - | e park after you have the permit, we will need /ED DATE for a refund. Complete request form |
| | | | room 208 through April 28 th and 999 Lowe |
| - | • • | | is required. You will be notified within (7) day |
| | | ull is required. By sigr f Ewing rules and regu | ning this document, I understand the policy' ulations. |
| CICALATURE | | | DATE. |
| SIGNATURE: | | Office Use Or | DATE: |
| | | Office Ose Of | <u>my</u> |
| | | | Receipt #: |
| Date: | App | proved: | Office Staff: |
| Refund Issued & R | eason: | Pe | ermit Sent: |