



Vernon Township Department of Community Affairs (Recreation)

21 Church Street
Vernon, NJ 07462

Phone: 973.764.4055 ext. 2261

Email: mdowntain@vernontwp.com



Vernon Township Field Request Form

Name of Organization: _____

Contact Person: _____ Cell #: _____

Email: _____

Type of Event (Purpose): _____ No. of People: _____

Field # _____ Start Date: _____ End Date: _____

Time (Start & Finish): _____ Lights: Yes No

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Special Requests or Comments: _____

Field # _____ Start Date: _____ End Date: _____

Time (Start & Finish): _____ Lights: Yes No

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Special Requests or Comments: _____

Field # _____ Start Date: _____ End Date: _____

Time (Start & Finish): _____ Lights: Yes No

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Special Requests or Comments: _____

Field # _____ Start Date: _____ End Date: _____

Time (Start & Finish): _____ Lights: Yes No

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Special Requests or Comments: _____

Please include a copy of your organization 501C-3 certificate from the IRS

NO ALCOHOLIC beverages will be distributed or consumed. NO SMOKING or VAPING of any kind on any recreation area.

(Ordinance # 05-22)

We have read park rules and will abide by them.

NAME (Print)

SIGNATURE

DATE