

Application for Use of
MORRIS PLAINS COMMUNITY CENTER
 51 Jim Fear Drive 973 538 3544

Name of Organization: _____

Primary Contact: _____

Address: _____
Street Town ZIP

Telephone: _____ Work: _____ Cell: _____

Alternate Contact: _____

Address: _____
Street Town ZIP

Telephone: _____ Work: _____ Cell: _____

TYPE OF EVENT: _____ # of Attendees: _____

EVENT DATE(S): **-REQUESTS CAN BE MADE FOR ONE YEAR IN ADVANCE**
-PLEASE INCLUDE SETUP AND BREAKDOWN / CLEANUP TIME IN YOUR REQUEST

INDIVIDUAL: If additional date(s) is/are required please attach sheet(s) of paper and note attachment(s) on application

Date: _____ <small>Mon Day Yr</small>	Time: From: _____ AM PM To: _____ AM PM	<input type="checkbox"/> check if additional date(s) attachment(s) is/are included NOTE: HOLIDAYS will be deleted from <u>all</u> request unless prior arrangements have been made; New Years Day; Memorial Day; 4th of July; Labor Day; Thanksgiving; Christmas
Date: _____ <small>Mon Day Yr</small>	Time: From: _____ AM PM To: _____ AM PM	
Date: _____ <small>Mon Day Yr</small>	Time: From: _____ AM PM To: _____ AM PM	
Date: _____ <small>Mon Day Yr</small>	Time: From: _____ AM PM To: _____ AM PM	

CONTINUOUS:

From Date: _____ To Date: _____ Time: From: _____ AM PM To: _____ AM PM
Mon Day Yr Mon Day Yr

Include Weekends? YES / NO

PERIODIC: Weekly (every "X" week throughout the request period) / Monthly (every "X" occurrence in the months throughout the request period)

From Date: _____ To Date: _____ Time: From: _____ AM PM To: _____ AM PM
Mon Day Yr Mon Day Yr

Every: MON TUE WED THUR FRI SAT

REPEAT: WEEKLY << --OR-- >> MONTHLY

<input type="checkbox"/> Every Week <input type="checkbox"/> Every 2 nd Week <input type="checkbox"/> Every 3 rd Week <input type="checkbox"/> Every 4 th Week	<input type="checkbox"/> 1 st Occurrence <input type="checkbox"/> 2 nd Occurrence <input type="checkbox"/> 3 rd Occurrence <input type="checkbox"/> 4 th Occurrence
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ROOM REQUEST:

<input type="checkbox"/> Check Box(es) as Appropriate Multiple Room Requests Allowed	<input type="checkbox"/> Use of Multipurpose Room <input type="checkbox"/> Use of Conference Room <input type="checkbox"/> Use of Arts and Crafts <input type="checkbox"/> Use of Kitchen <input type="checkbox"/> General Use Room	<input type="checkbox"/> Use of Stage no food or beverages allowed in the Conference Room <input type="checkbox"/> Snacks <input type="checkbox"/> Room A <input type="checkbox"/> Cooking <input type="checkbox"/> Room B <input type="checkbox"/> Room C
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- SETUP AND BREAKDOWN ARE THE RESPONSIBILITY OF THE APPLICANT.
- YOU ARE RESPONSIBLE TO REMOVE ALL GARBAGE GENERATED BY YOUR ORGANIZATION AND PLACE IT IN THE DUMPSTER LOCATED IN THE PARKING LOT.

ADDITIONAL COMMENTS / REQUESTS: _____

I/we have read the policies and procedures of the Morris Plains Community Center and agree to abide by them.

 Signed Date

Include Insurance Certificate if Required

Questions or Comments Please Contact the Community Center

FOR COMMUNITY CENTER USE ONLY

 Approval Signature Date Notified: YES / NO