No. _____

CITY OF OCEAN CITY, NEW JERSEY
DEPARTMENT OF COMMUNITY SERVICES
APPLICATION FOR USE OF MUNICIPAL FACILITY/SPECIAL EVENTS

Please complete in full. Additional information may be requested prior to approval of this application. No dates will be confirmed over the phone. Application is due 60 days prior to event. Please attach a floor plan. Send to: Dept. of Community Services, 861 Asbury Ave. Ocean City, NJ 08226

APPLICATION DATE: _____

Check Facility Requested:

	Athletic Field	Location
____ Recreation Center (8th St. & Haven Avenue)	____ Baseball	_____
____ Bayside Center	____ Softball	_____
____ Shuffleboard Building	____ Football	_____
____ Sports & Civic Center	____ Volleyball	_____
____ Street _____	____ Playground	_____
____ Beach _____	____ Soccer	_____
____ Other _____	____ Basketball Court	_____

APPLICANT

_____

Name of applicant or organization (if organization, please provide representative's name)

_____

Address

_____

Phone | Type of Organization | E-mail address

PROPOSED USE

_____

Date requested | Time (Start and finish)

_____

Proposed use (please explain in detail, use additional sheets if necessary)

_____

_____

_____

Number of persons expected _____ Admissions charge (if any) _____

_____

To whom and for what will proceeds be distributed?

EQUIPMENT AND SET UP INFORMATION

Please indicate type and amount of following items needed:

• Please note equipment is not available for weddings/ceremonies held on the beach.

____ Tables (8 ft. long)	____ Microphone(s)
____ Card Tables	____ Podium
____ Chairs	____ Stage
____ Other _____	

_____ _____

Signature | Print name and title

_____

FOR OFFICE USE ONLY

Fee Required: _____ Check No. _____ Cash: _____

Approved by: _____ Date: _____