



Washington Township Parks & Recreation

50 Rock Road Long Valley, NJ 07853
Phone: (908) 876-5941 Fax # (908) 876-0029
Email: recreation@wtmorris.net

LV TEEN ARTS CENTER

Must be filled out for each usage

DATE: _____

ORGANIZATION / NAME: _____

COORDINATOR NAME, ADDRESS: _____

PHONE# & E-MAIL _____

PURPOSE: _____

ROOM TYPE: Art Room ___ Great Room ___ Garage ___ Rainbow Room ___ Movie Room ___ Pool Room ___

DATES OF USE: (MM/DD/YY) FROM: _____ TO: _____

TIME OF USE: FROM: _____ TO: _____

ESTIMATED ATTENDANCE #: _____

SIGNATURE: _____

I have read the Policy & Procedure for the LV Teen Arts Center Usage and promise to follow and leave the center exactly how it was found. _____ (initials)

PLEASE MAKE SURE YOU LOCK UP AND SHUT OFF ALL THE LIGHTS

FOR OFFICE USE ONLY:

Fee Received: \$10 minimum fee _____ \$20 over 20 indiv. _____ \$30 over 40 indiv _____

ADULT OR YOUTH GROUP: _____

CERTIFICATE OF INSURANCE: YES _____ NO _____ N/A _____

DATE APPROVED: _____ INITIALS: _____