

**TOWNSHIP OF OCEAN DEPT. OF HUMAN SERVICES/RECREATION OFFICE  
601 DEAL RD. OCEAN, NJ 07712 (732) 531-2600**

**FACILITY REQUEST PROCEDURE**

1. Rental requests will be considered based on facility availability and availability of Facility Supervisor.
2. Facility will be reserved upon receipt of completed Facility Request Form and rental fee (if applicable). **Checks payable to: Township of Ocean.** Rental fees, room capacities and room descriptions may be obtained by contacting the Recreation Office or visit [www.oceantwp.org](http://www.oceantwp.org).
3. Information provided on this form may not be altered without prior approval through the Recreation Office. Requests for changes (i.e. day/time of event, increase/decrease in number of guests; addition/deletion of alcohol, etc.) must be made in writing and received at least four (4) weeks prior to the scheduled function.
4. It is understood that the below noted applicant will be in attendance at the scheduled event and is fully responsible for the behaviors/actions of visitors to the facility.
5. The Township of Ocean is not responsible for loss or damages resulting in activities related to event hosted by an individual or organization at a municipal facility. The Township of Ocean reserves the right to require a Certificate of Insurance naming the Township of Ocean as certificate holder and additional insured.

*I HAVE READ, UNDERSTOOD AND WILL COMPLY WITH THE REGULATIONS STATED ABOVE AND ON THE REVERSE SIDE OF THIS FORM.*

\_\_\_\_\_  
**APPLICANT'S SIGNATURE (at least 22 years old)    DATE**

**I. APPLICANT**

CONTACT PERSON (Please Print): \_\_\_\_\_ (D.O.B) \_\_\_\_\_  
 ORGANIZATION (If Applicable): \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ DAY PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

**II. EVENT SPECIFICS**

TYPE OF FUNCTION: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TIME OF SET UP: \_\_\_\_\_  
 DAY: MN – TU – WD – TH – FR – ST – SN START OF EVENT: \_\_\_\_\_  
 CLEAN UP COMPLETE: \_\_\_\_\_

*Meeting room use is limited to a total of 6 hours from the start of event to completion of clean up (set up time not included in 6 hours).*

TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_ RESIDENTS: \_\_\_\_\_ NON-RESIDENTS: \_\_\_\_\_  
 NUMBER OF PARTICIPANTS BETWEEN THE AGES OF 12 – 19: \_\_\_\_\_  
 WILL THERE BE ALCOHOL ON SITE? \_\_\_\_\_ (alcohol is not permitted on-site at teen functions)

**III. FACILITY REQUESTED (CIRCLE APPROPRIATE FACILITY)**

<b>MEETING ROOMS:</b>	<b>SOFTBALL FIELDS:</b>	<b>SOCCER FIELDS:</b>
WEST PARK LARGE RM	OAKHURST EAST	SAUL RUBIN EAST
WEST PARK SMALL RM	OAKHURST WEST	SAUL RUBIN WEST
WEST PARK CONF. RM	DAVE DAHROUGE PARK	DAVE DAHROUGE PARK
OAKHURST MEETING RM	SAUL RUBIN EAST	WHALEPOND EAST
	SAUL RUBIN WEST	WHALEPOND WEST
		WHALEPOND NORTH

**OTHER FACILITY NOT LISTED (PLEASE SPECIFY):** \_\_\_\_\_

FOR ADMINISTRATIVE USE ONLY			
REQUEST APPROVED (STAFF): _____	DATE: _____	ON CALENDAR: _____	CP: _____
RENTAL FEE: _____	CK#: _____	CASH: _____	PERMIT #: _____
	FAMILY ID#: _____	COPY FORM: _____	
FACILITY SUPERVISOR ASSIGNED: _____	DATE ASSIGNED: _____	STAFF: _____	

**TO BE SIGNED UPON KEY PICK-UP:**

As a representative of the group noted above, all regulations concerning facility usage are understood and compliance will be assured.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_  
 KEY #: \_\_\_\_\_ SECURITY AMT: (cash only) \$100/\$200 DATE: \_\_\_\_\_

**FOLLOWING EVENT:**

SECURITY RETURNED: (in person) DATE: \_\_\_\_\_ STAFF INT: \_\_\_\_\_ RENTER SIGNATURE: \_\_\_\_\_

## FACILITY USE REGULATIONS

1. The Township of Ocean is not responsible for loss or damages resulting in activities related to event hosted by an individual or organization at a municipal facility. The Township of Ocean reserves the right to require a Certificate of Insurance naming the Township of Ocean as certificate holder and additional insured.
2. **FACILITY SPECIFICS:**

MEETING ROOMS: Township mandated closing hours are Friday and Saturday, 12:00 midnight; Sunday through Thursday, 11:00 p.m. although facility must be cleaned and vacated by the time provided on the front of the form when the reservation was accepted.
3. **RENTAL REFUND/CREDIT:** Request for refund/credit must be submitted in writing at least 4 weeks prior to the scheduled event in order to be considered. Granted refunds will be assessed a \$10.00 processing fee. No processing fee will be applied for credits left on Family Account. Refunds may take 4 – 6 weeks for processing through the Finance Department and compliance with the monthly voucher system.
4. **KEY PICK-UP/RETURN:** Keys are obtained between the hours of 9:00 a.m. – 4:00 p.m. Mondays thru Fridays, at the Recreation Office (non-holiday). Keys must be returned to Township of Ocean Police Department immediately following the event. PLEASE NOTE THAT USERS CANNOT ENTER FACILITY UNTIL DAY & TIME AS INDICATED ON THE FACILITY REQUEST FORM.
5. **SECURITY DEPOSIT:** A security deposit in the amount of \$200.00 for meeting rooms shall be left upon receipt of the key. All security deposits will be collected in cash only.
6. **FACILITY SUPERVISOR:**
  - A. A Facility Supervisor will check-in with event hosts during the renter's use of the municipal meeting rooms.
  - B. The role of the Facility Supervisor is to assure that the property of the Township of Ocean is not abused and that the facility is left in appropriate condition following the scheduled function. If regulations are ignored or if behaviors inappropriate for a family oriented function prevail, the Facility Supervisor is instructed to contact Police Headquarters which will result in the termination of the function and the loss of the security deposit.
  - C. The Facility Supervisor will confirm that information as provided by the facility user is adhered to (ie. start/end time, number of guests, alcohol on premises, etc.) Any deviation from the information provided at the time of the rental may result in loss of security deposit and/or termination of event.
7. **EXPECTED BEHAVIOR/USE:**
  - A. Family oriented functions are encouraged.
  - B. Room reservation authorizes use of room only (outdoor activities are not permitted unless specific arrangements are made).
  - C. It is understood that consideration and care will be given to facility during use.
  - D. Facility users are permitted to use tables and chairs in reserved room only. Equipment can not be taken from other rooms.
  - E. Behaviors/actions deemed inappropriate will not be tolerated. Inappropriate behaviors/actions include, but are not limited to: exotic dancers, inappropriate films, and aggressive behavior.
  - F. Alcoholic beverages are not permitted on site during teen oriented functions.
  - G. Smoke machines, bubble machines, or any apparatus that may create an unsafe environment, are not permitted. Animals are not permitted.
  - H. Decorations (streamers, signs, etc.) are not permitted to be hung from the ceiling including ceiling frame work. **DO NOT USE THUMB TACKS OR STAPLES ON WALLS.** "Sticky Tack"/"Poster Putty" may be used to attach decorations to the walls although must be completely removed at the conclusion of the event.
8. **REGULATIONS FOR TEENAGE PARTIES:**
  - A. There shall be 1 adult chaperone per 10 teenage guests (in addition to the attendant(s) required by the Department).
  - B. Facility Supervisor will confirm that the necessary number of chaperones is present.
  - C. Teen functions are **limited to 60 guests** between the ages of 12 – 19 years.
  - D. The event host (individual responsible for the teen oriented function) must reside within the Township of Ocean.
  - E. The event host must provide a list of invited guests. A chaperone, as designated by the event host, shall be responsible to permit only those individuals to the event who are included on the list. The number of guests shall not exceed the number of expected participants as noted on the front side of the form and is limited to a maximum of 60. *The above mentioned guest list, which is to include secured chaperones, is required to be left at the Recreation Office when keys are obtained and the security fee is left. The office will provide a copy of the list to be used at the function.*
  - F. Please refer to #7 above (Expected Behavior/Use)
9. **ADDITIONAL INFORMATION:**
  - A. Anyone leaving the building after being admitted will not be permitted to return. Guests are not permitted to mingle outdoors (except to smoke; no alcohol permitted outside the meeting rooms).
  - B. Any disorderly conduct, vandalism or failure to comply with regulations will result in termination of the event and forfeiture of security deposit.
  - C. The laws of the State of New Jersey prohibit anyone under the age of 21 to order, be served, consume or be in possession of any alcoholic beverage. *Again, there is no alcohol is permitted on site during teen oriented functions.*
10. **FACILITY CLEANING PROCEDURE:** Facility must be left in appropriate condition for the next user.
  - A. Mop, bucket & broom are provided by Township for the cleaning of indoor facilities. Garbage bags, cleaning products (sponges, detergents) are the responsibility of the facility user.
  - B. All tables, counters, appliances, restroom vanities & sinks must be wiped down.
  - C. Floors are to be swept and spills must be mopped. Restroom floors must also be swept.
  - D. Empty all garbage and recyclables into appropriate dumpster/container located in facility parking lot
    1. Users must supply their own 55-gallon trash can liners
    2. State of NJ mandates recycling. Groups not separating recyclables into containers provided may forfeit deposit and/or be fined.
    3. Garbage bags (recyclables and garbage) must have facility users name on them.
  - E. At the conclusion of the event, all items brought in by the facility user must be removed from the facility. Items left in the facility beyond the reserved date/time will become the property of the Township.
  - F. All lights are to be turned off & doors locked.
  - G. Facility Supervisor is not responsible for cleaning although will direct facility user accordingly to assure room is left in the expected condition.
11. **SECURITY DEPOSIT RETURN:**
  - A. Security deposit will be refunded in full by the Township, if the facility is found to be left in a condition deemed satisfactory by the Township. Deposit will be available for pick up on the Wednesday following the scheduled event. If the facility is left in an unsatisfactory condition, (facility not cleaned properly, damage, etc.) the Township will refund only that portion of the deposit that is not used to return the facility to a satisfactory condition. A minimum of \$25.00 will be held. If fees to restore facility to appropriate condition are in excess of security deposit, facility user will be charged accordingly.
  - B. Inappropriate behaviors/actions will warrant the termination of the event and forfeit of the security deposit.
  - C. If Township of Ocean Police are contacted for assistance for any reason during a scheduled event, \$50.00 - \$200.00 of the security deposit will be forfeited and the event may be terminated.
12. **ANY DISCREPANCY IN REGARD TO RULES AND REGULATIONS MAY RESULT IN IMMEDIATE TERMINATION OF THE EVENT AND/OR FORFEITURE OF THE SECURITY DEPOSIT.**

**TOWNSHIP OF OCEAN  
HOLD HARMLESS AGREEMENT**

FACILITY USER: \_\_\_\_\_

TYPE OF USE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE(S) OF USE: \_\_\_\_\_

The facility user agrees that it shall indemnify the Township of Ocean and hold harmless the Township of Ocean against any and all fines, suits, claims, demands, expenses, actions, losses, alleged losses, or liabilities of whatsoever nature or kind incurred either directly or indirectly either in law or equity, paid suffered or incurred as a result of the acts, activities, or omissions of the facility user, its agents, servants or employees, due to the use of the facility. It is further agreed that the facility user shall in addition to holding the Township of Ocean harmless for any and all liability damage or injury to both persons and property, occurring as a result of the use of said premises, shall defend the Township of Ocean at facility users' expense against any and all claims, suits, demands or whatsoever nature or kind.

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Facility User (printed name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Number

**Return to:**  
Township of Ocean Dept. of Human Services  
601 Deal Rd.  
Ocean, NJ 07712