



**Wall Township Recreation Department
Municipal Baseball Complex
Permit Application**



Organization: _____ Date: _____

Resident Team? (circle) YES NO (Resident team is one with a roster of 75% or more Wall Residents)

Contact Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact #'s: (H): _____ (W): _____ (C): _____

Fax #: _____ Email: _____

Please Read & Sign:

Prior to requesting application, applicant must agree to the following:

1. Comply with the policies on use of the Municipal Baseball Complex.
2. Submittal of schedule, with exact dates & times, plus opponents name and city, **prior** to the start of usage. (Reserving blocks of time without detailed schedule will not be permitted.)
3. Submittal of team roster with players names and addresses.
4. Submittal of a Certificate of Liability Insurance, insuring a minimum of 1 million dollars.
5. Payment of current usage fees upon approval of permit – if applicable*
***Resident Teams play for free. Non-resident teams are \$75 for day usage, \$150 for night.
 (A 50% deposit is due upon permit approval. The other 50% is due at midway of schedule.)**
6. To be responsible for any damages, injuries or expenses incurred by Wall Township and to indemnify and hold harmless by reason of the use of the premises.
7. Each respective home & away team is responsible after every game for the removal of all bottles, garbage etc in and around their bench and public viewing areas.

Signature: _____ Date: _____

Activity Planned: _____ (circle): GAME PRACTICE

Start Date: ____/____/____ End Date (if reoccurring*): ____/____/____

Exact Arrival Time: _____ AM PM Expected Departure time: _____ AM PM

*Recurrence Pattern (check one): Daily _____ Weekly _____ Monthly _____

*Day of week to reoccur? (circle): Mon Tue Wed Thu Fri Sat Sun