

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  <b>NOTE:</b> 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

Check Box(es) as Appropriate Multiple checkmarks in a column are allowed	REPEAT: WEEKLY	<< --OR-- >>	MONTHLY	
	Every Week		<input type="checkbox"/> 1 <sup>st</sup> Occurrence	
	Every 2 <sup>nd</sup> Week		<input type="checkbox"/> 2 <sup>nd</sup> Occurrence	
	Every 3 <sup>rd</sup> Week		<input type="checkbox"/> 3 <sup>rd</sup> Occurrence	
Every 4 <sup>th</sup> Week		<input type="checkbox"/> 4 <sup>th</sup> Occurrence		

**ROOM REQUEST:**

Check Box(es) as Appropriate Multiple Room Requests Allowed	<input type="checkbox"/> Use of Multipurpose Room	<input type="checkbox"/> Use of Stage	<input type="checkbox"/> Use of AV Equipment	
	<input type="checkbox"/> Use of Conference Room	no food or beverages allowed in the Conference Room		
	<input type="checkbox"/> Use of Arts and Crafts	<input type="checkbox"/> Snacks	<input type="checkbox"/> Cooking	
	<input type="checkbox"/> Use of Kitchen	<input type="checkbox"/> Room A	<input type="checkbox"/> Room B	<input type="checkbox"/> Room C
<input type="checkbox"/> General Use Room				

**- 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