Township of Livingston
Senior, Youth & Leisure Services
204 Hillside Avenue
Livingston, NJ 07039-3646
Office: 973-535-7925
Fax: 973-535-2949

Sports Field Reservation Request

Today's Date: _____

Organization: _____ **Phone: Home:** _____

Contact Name: _____ **Phone: Work:** _____

Street Address: _____ **Phone: Cell:** _____

City & Zip Code: _____ **Email:** _____

Field Location (use separate form for each location): _____

Sport (check one): ☐ **Baseball** ☐ **Football** ☐ **Lacrosse** ☐ **Soccer** ☐ **Softball** ☐ **Other**_____

For one- time and regularly scheduled events, use area below. For multiple dates/times, use reverse side/page 2

Day:	**Date(s):** (mm/dd/yy)	**Time:** (00:00 am or pm)				**Game or Practice:**
_____	_____	**From:**	_____	**To:**	_____	_____
_____	_____	**From:**	_____	**To:**	_____	_____
_____	_____	**From:**	_____	**To:**	_____	_____

Please provide a detailed description of the proposed use:

_____

_____

Equipment Needed: _____

It is hereby understood that if this application is granted, the above applicant will assume responsibility for payment of any assessed rental charge before the facilities are used, for the preservation of order in said building or grounds, liability for any damage or loss of property that may occur, and for the due observance of all regulations of the Senior, Youth & Leisure Services governing the use of town property as set forth by the Rules Governing Use of Park/School/Recreation Facilities.

FIELDS ARE ONLY TO BE USED WHEN FIELD CONDITIONS PERMIT.

_____	_____	_____
Print Name	Signature	Date

For Office Use Only:

_____ **Approved:** _____ **Not Approved:** _____
Senior, Youth and Leisure Services

Exempt: **A** _____ **B** _____ **C** _____ **D** _____ **E** _____

Date	**Assignment**	**Fee**	**Paid**
_____	_____	_____	_____
_____	_____	_____	_____

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