

# Borough of High Bridge Field Reservation Application

Completed applications, with unexpired proof of insurance, must be submitted to the Borough Clerk, at least 30 days in advance of the event. All events must be in compliance with Executive Orders.

Please attach a Certificate of Insurance showing proof of liability insurance with a limit of at least \$1,000,000 per occurrence naming the Borough of High Bridge as an additional insured with respect to the above-mentioned event.

Alcoholic beverages are prohibited in any public park or facility without the prior application and authorization by the Mayor and Council.

## **EVENT INFORMATION:**

Type of Use: \_\_\_\_\_

Field(s) requested (please circle): 1 | 2 | 3 | 4 | Commons | Huskies | Other: \_\_\_\_\_

Requesting Huskies field will be inclusive of fields 1,2, and 3.

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Number of persons expected: \_\_\_\_\_

**ALL DATES REQUESTED  
MUST HAVE A START TIME  
AND END TIME SPECIFIED.**  
Please feel free to attach a document  
specifying requested dates/times.

## **APPLICANT INFORMATION:**

Authorized Contact name and/or organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized Alternate Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

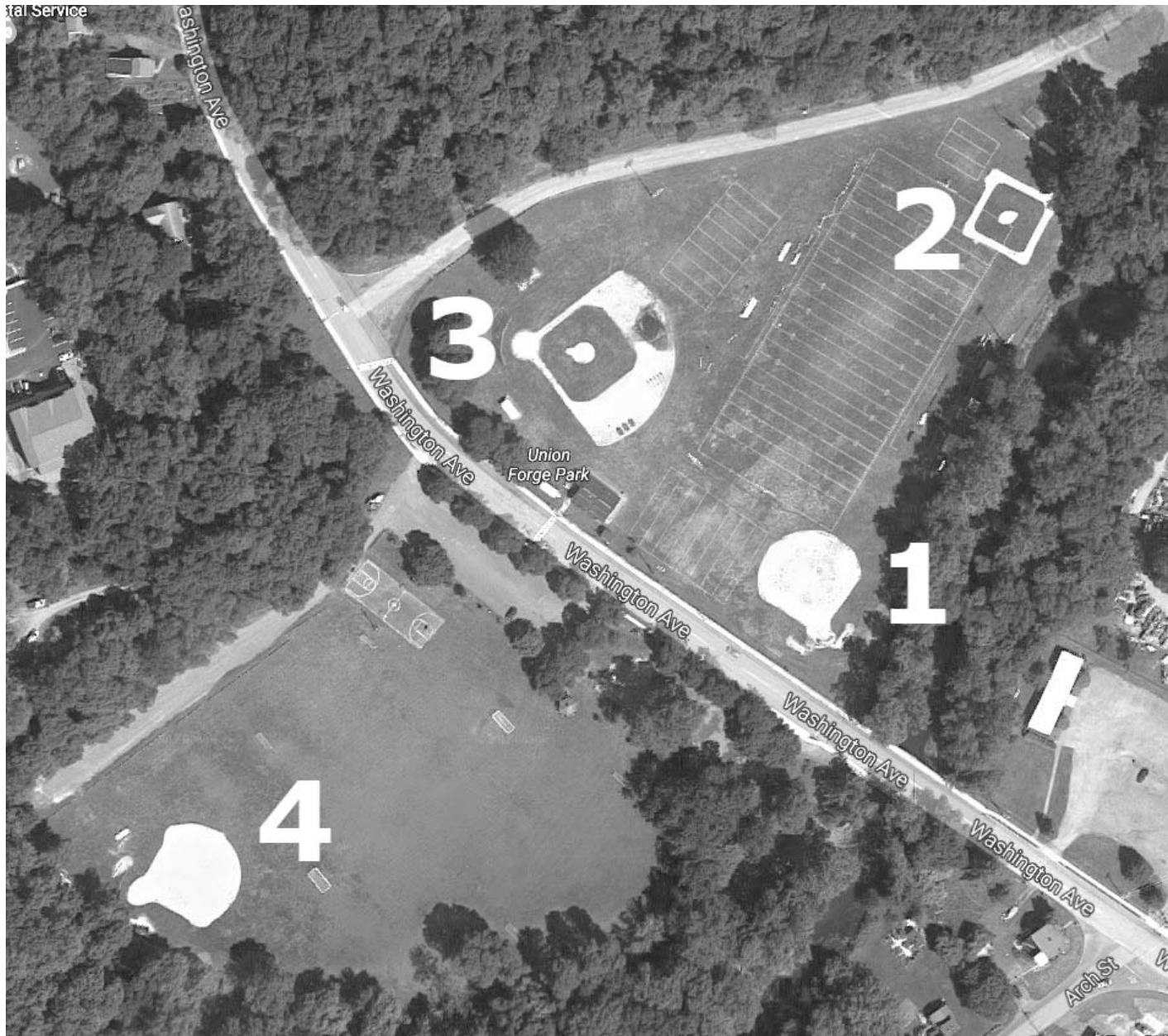
## **INSURANCE INFORMATION (Fill out or attach):**

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent / Contact Name: \_\_\_\_\_



Requesting "Huskies Field" will be inclusive of fields 1,2, and 3

**Additional Supporting Information:**

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**Borough of High Bridge Contact Names:** (For any questions or concerns)

Name: Administrator, Bonnie Fleming      Email: bfleming@highbridge.org

**Emergency Services:**

All Field Reservation applicants **MUST** make prior contact with the High Bridge Emergency Services and Department of Public Works to provide adequate event information and any additional information that may be required by our Emergency Services.

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***High Bridge Police Department:***      Contact Name:      Chief Brett Bartman  
Phone:      908-638-6500

Comments: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_      Date: \_\_\_\_\_

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***South Branch Emergency Services:***      Contact Name:      John Silliman  
Email:      battalion3652@clintonems.org

Comments: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_      Date: \_\_\_\_\_

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***High Bridge Fire Department:***      Contact Name:      Sean Smith  
Email:      sean.r.smith14@gmail.com

Comment: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_      Date: \_\_\_\_\_

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***Department of Public Works:***      Contact Name:      Richard Drift  
Email:      rdrift@highbridge.org

Comment: \_\_\_\_\_

Signature of Director: \_\_\_\_\_      Date: \_\_\_\_\_

I, hereby, agree that all information above is true to the best of my knowledge and understand that the Borough of High Bridge may require additional information on which to base a satisfactory approval.

An event fee may be charged by the Borough of High Bridge for use of any of its recreational open space. All fees MUST be paid to the Borough of High Bridge prior to approval and issuance of the above Field Permit.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Approval for Field Usage Application – Borough Use Only Below This Line**

\_\_\_\_\_ The above application is approved for use as listed

**-OR-**

\_\_\_\_\_ The above application is approved with the following conditions

\_\_\_\_\_  
\_\_\_\_\_  
**-OR-**

\_\_\_\_\_ The above application is NOT APPROVED. REASONS for denial:

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date