



# Burlington Township Recreation

851 Old York Rd  
Burlington, NJ 08016  
(609) 387-2775  
BTRecDept@twp.burlington.nj.us

Resident \$100	_____
Non-Resident \$200	_____
Cash	_____
Check #	_____
Arrival	_____
Departure	_____
** Office Use Only **	

## Burlington Township Green Acres Park Application

Date Requested \_\_\_\_\_

1) Individual/Group: \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Phone: \_\_\_\_\_ 4) Contact Person: \_\_\_\_\_

5) Size of Group (**Max 40 Persons**) \_\_\_\_\_

6) Email: \_\_\_\_\_

<u>Area Requested</u>	<input type="checkbox"/>	<u>Staff Confirmation (Initial)</u>
PAVILION 1 (Front) (Green Acres I)	<input type="checkbox"/>	_____
PAVILION 2 (Rear) (Green Acres I)	<input type="checkbox"/>	_____
PAVILION 3 (Green Acres II)	<input type="checkbox"/>	_____

**\* Due to the COVID virus, the maximum number of persons allowed to attend is 40**

I CERTIFY THAT THE INFORMATION AS STATED ABOVE IS ACCURATE AND FACTUAL. ANY MISREPRESENTATION COULD CAUSE THE REVOCATION OF THIS APPLICATION WITH NO REIMBURSEMENT FOR ANY FEE PAID.

I HAVE BEEN PROVIDED WITH, AND UNDERSTAND, THE "RULES AND REGULATIONS" GOVERNING THE USE OF THE BURLINGTON TOWNSHIP GREEN ACRES PARK. I FURTHER UNDERSTAND THAT EITHER I OR MY GROUP IS RESPONSIBLE FOR ANY ATTRIBUTABLE DAMAGES CAUSED BY OUR USE OF THIS FACILITY. I WILL ALSO BE HELD PERSONALLY RESPONSIBLE FOR THE USE, CONDITION, AND ANY INJURIES THAT COULD OCCUR AS A RESULT OF THIS USE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

Request Approved By: \_\_\_\_\_

\_\_\_\_\_  
Recreation Dept

\_\_\_\_\_  
Date