



Marlboro Township

Recreation & Parks Commission

1996 Recreation Way / Marlboro, New Jersey 07746 / (732) 617-0100 Fax (732) 536-2376

APPLICATION and INVOICE for ROOM RENTAL

Organization Name: _____ Private Party Non Private Party

Name of Individual: _____ Date of Application: _____

Address: _____ Town _____ Zip _____

Telephone: (Daytime) _____ (Evening) _____

Rooms Requested: Multi-purpose Stage Kitchen Coat Rack

Date Requested: _____ Time of Event: Start: _____ End: _____

Alternate Date: (1) _____ (2) _____ Number of People Attending: _____

Purpose for which facilities are to be used: _____

Will food be served? Y N If yes, by: Applicant Caterer

Will alcoholic beverages be served? Y N If yes, by: Applicant Caterer

NOTE: Private caterer must provide valid liquor license. *Alcohol cannot be sold.*
If alcohol is served, a security officer will be required.

Music: Y N Band DJ Other

Room Set-Up: Tables w/dance area Tables only Theatre Style for show
Tables are 72" round and comfortably seat 10

Set-Up Time: _____ Hrs. Break-Down Time: _____ Hr.

Additional Requests: _____

OFFICE USE ONLY

ROOM SET-UP

WAIVER

The undersigned participant assumes all the risks involved and shall hold harmless the Township of Marlboro, the Recreation Commission, and its employees, from any and all liabilities.

Signature of Applicant _____ Date _____

		INVOICE — OFFICE USE ONLY			
Rental Fee:	\$ _____	Deposit Due	\$ _____	CK# _____	Date _____
Security Deposit:	\$ _____	Security Deposit	\$ _____	CK# _____	Date _____
Building Attendant:	\$ _____	Balance due on date of event:	\$ _____	CK# _____	
Setup & Breakdown Fee:	\$ _____				
Janitorial Charge:	\$ _____				
Security Officer Fee:	\$ _____				
TOTAL	\$ _____	Make check payable to: Marlboro Recreation			

CANCELLATION FEE: If event is cancelled after 14 (fourteen) days from receipt of deposit, a \$50 fee will be charge.

Approved Disapproved Signature of Superintendent: _____ Date: _____