

**HOPATCONG RECREATION SEASONAL FACILITY / FIELD  
UTILIZATION FORM  
SPRING   SUMMER   FALL**

**ORGANIZATION NAME:** \_\_\_\_\_

**HOW MANY PARTICIPENTS IN YOUR PROGRAM:** \_\_\_\_\_

**HOW MANY PARTICIPENTS IN YOUR PROGRAM LAST YEAR:** \_\_\_\_\_

**HOW MANY PARTICIPENTS IF ANY ARE NOT  
HOPATCONG RESIDENTS: -----PER TEAM: \_\_\_\_\_ TOTAL: \_\_\_\_\_**

**HOW MANY TEAMS IN YOUR PROGRAM:** \_\_\_\_\_

**HOW MANY TEAMS IN YOUR PROGRAM LAST YEAR:** \_\_\_\_\_

**HOW MANY PRACTICES PER WEEK FOR EACH TEAM:** \_\_\_\_\_

**WHEN DOES YOUR PRACTICE SEASON START:** \_\_\_\_\_

**HOW LONG IS EACH PRACTICE SESSION:** \_\_\_\_\_

**APPROX. HOW MUCH FIELD SPACE IS  
NEEDED FOR EACH PRACTICE SESSION:** \_\_\_\_\_

**HOW MANY GAMES PER WEEK FOR EACH TEAM:** \_\_\_\_\_

**WHEN DOES YOUR GAME SEASON START:** \_\_\_\_\_

**APPROX. HOW LONG DOES EACH GAME TAKE:** \_\_\_\_\_

**APPROX HOW MUCH FIELD SPACE  
IS NEEDED FOR EACH GAME:** \_\_\_\_\_

**NAME OF SPONSOR:** \_\_\_\_\_

**ADDRESS OF SPONSOR:** \_\_\_\_\_

**DAY TIME PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_

**SIGNATURE OF SPONSOR:** \_\_\_\_\_

**ROSTERS FOR EACH SPORT SEASON MAY BE REQUESTED BY THE RECREATION COMMISSION.**

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SPRING SUMMER FALL**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**FACILITY/FIELD REQUESTED:** \_\_\_\_\_

**DATES REQUESTED:** \_\_\_\_\_

**TIME REQUESTED:** \_\_\_\_\_

**NAME OF SPONSOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DAY TIME PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_

**ALTERNATE CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DAY TIME PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_

**SIGNATURE OF SPONSOR:** \_\_\_\_\_

**SPONSOR SIGNIFIES THAT HE/SHE UNDERSTANDS HE/SHE WILL ABIDE  
BY THE REGULATIONS OF THE RECREATION COMMISSION AND THE  
BOROUGH OF HOPATCONG FOR USE OF BOROUGH FACILITIES, AND  
THAT ANY INFRACTIONS MAY CAUSE IMMEDIATE CANCELLATION OF  
USE OF THE SAID FACILTIES**

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_