

**BERGEN COUNTY DEPARTMENT OF PARKS**  
**Park Permit Request Application**  
**(Not For Schools)**

**NAME OF FAMILY; COMPANY;  
ORGANIZATION or CHURCH:** \_\_\_\_\_

(PLEASE PRINT ALL INFORMATION CLEARLY)

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

CITY

STATE

ZIP CODE

**CONTACT PERSON:** \_\_\_\_\_

(Should be at above address - which is where permit will be mailed)

**PHONE NOS.:** Home: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Business: ( ) \_\_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_  
FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

\*\*\*\*\*

PARK (in order of preference) (*)	AREA
1) _____	_____
2) _____	_____

DATES (in order of preference) (*)	
1) _____	3) _____
2) _____	4) _____

(\*) If necessary, list add'l. parks/dates on separate piece of paper

**TIME OF ARRIVAL:** \_\_\_\_\_ **TIME OF DEPARTURE:** \_\_\_\_\_

**ANTICIPATED HEADCOUNT:** # of CHILDREN \_\_\_\_\_ # of ADULTS \_\_\_\_\_

**SOFTBALL FIELD (If Available):** YES \_\_\_\_\_ NO \_\_\_\_\_  
Select time indicating 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice (used as a guide only, cannot be guaranteed)

12-2 pm ( ) 2-4 pm ( ) 4-6 pm ( )

\*\*\*\*\*

**FEES:** \$ \_\_\_\_\_ PERMIT \$ \_\_\_\_\_ CLEANUP (Payment to be made with 2 separate checks and submitted with application – if application is received less than 3 weeks before earliest requested date then payment must be made with 2 separate money orders.

No Grills Provided - NO ALCOHOLIC BEVERAGES in any Bergen County Park!

Please mail request form and make checks payable **TO:** **Bergen County Department of Parks**  
One Bergen County Plaza - 4th Floor  
Hudson Street  
Hackensack, NJ 07601  
**ATTN: PERMITS**