

Vets

USE REQUEST FOR MIDLAND PARK RECREATION FACILITIES

\*\*\*PLEASE NOTE ALL REQUESTS MUST BE MADE IN ADVANCE\*\*\*

ORGANIZATIONAL INFORMATION:

Person responsibility for facility: Frank Clark  
Home Address: 43 Pine St Midland Park NJ 07432  
Phone number: [REDACTED] Cell number: [REDACTED] Email: frank.clark@a  
Name of Organization: Warrior Baseball School LLC mppanthers.org  
President of group: Frank Clark Phone number: " Email: "  
EXPLAIN THE TYPE OF PROGRAM THAT WILL TAKE PLACE: Baseball Instruction +  
Fundamentals

NUMBER OF PEOPLE TO ATTEND:

Adults 4 Children TBD

FACILITY, PARK OR FIELD REQUEST:

DePhillips Community Center requests require adult supervision inside the facility at all times while the center is open. Please check appropriate boxes.

( ) Gym ( ) Community Room ( ) Tables ( ) Chairs ( ) Main Floor ( ) VCR/Video equipment ( ) Kitchen ( )  
Dairy Tennis Courts ( ) College Tennis Courts  
( ) Fields, please Specify: Little League Field/Snack Stand Field

Fill in the information below or attach a copy of a schedule if requesting field use

| Date needed            | Days of the Week                                        | Time Start / Finish                |
|------------------------|---------------------------------------------------------|------------------------------------|
| 1. <u>June 27-29</u>   | M T <u>W</u> <u>TH</u> <u>FRI</u> SAT SUN               | <u>8:00<sup>AM</sup> - 1:30 PM</u> |
| 2. <u>July 2,3,5,6</u> | <u>M</u> <u>T</u> <u>W</u> <u>TH</u> <u>FRI</u> SAT SUN | <u>8:00<sup>AM</sup> - 1:30 PM</u> |
| 3. _____               | M T W TH FRI SAT SUN                                    | _____                              |
| 4. _____               | M T W TH FRI SAT SUN                                    | _____                              |
| 5. _____               | M T W TH FRI SAT SUN                                    | _____                              |

**FOR CLUB TEAM FIELD REQUESTS, PROOF OF INSURANCE, COPY OF COACHES RUTGERS CARD AND TEAM ROSTERS SHOWING AT LEAST 50% MIDLAND PARK PLAYERS ARE REQUIRED TO BE PRESENTED AT THE TIME OF APPLICATION OR APPLICATION CANNOT BE ACCEPTED!!!**

Signature [Signature] Date May 10, 2018  
• I have read and understand all procedures, rules and regulations regarding my reservation.

**Submit Field Use, Facility & Park Requests to:** The DePhillips Community Center, Attention Kathy LaMonte, 50 Dairy Street

Questions: Email recdept@midlandpark-nj.org or call the Recreation Director at 201-652-2747

MP Recreation Department Approval Signature [Signature] Date 5/11/18

Notification of request approval made to Frank Clark Date 5/11/18

# USE REQUEST FOR MIDLAND PARK RECREATION FACILITIES

\*\*\*PLEASE NOTE ALL REQUESTS MUST BE MADE IN ADVANCE\*\*\*

Vandy +  
Parking  
let

## ORGANIZATIONAL INFORMATION:

Person responsibility for facility: Angela Caprio  
 Home Address: 138 Hill St. Midland Park, NJ 07922  
 Phone number: [REDACTED] Cell number: [REDACTED] Email: caprioangela@gmail.com  
 Name of Organization: Cub Scout Pack 157  
 President of group: United Methodist Church Phone number: 201-445-3787 Email:

## EXPLAIN THE TYPE OF PROGRAM THAT WILL TAKE PLACE:

Open House Recruitment Event

## NUMBER OF PEOPLE TO ATTEND:

Adults 60 Children 60

## FACILITY, PARK OR FIELD REQUEST:

DePhillips Community Center requests require adult supervision inside the facility at all times while the center is open. Please check appropriate boxes.

( ) Gym ( ) Community Room (X) Tables ( ) Chairs ( ) Main Floor ( ) VCR/Video equipment ( ) Kitchen ( )  
 Dairy Tennis Courts ( ) College Tennis Courts  
 (X) Fields, please Specify: Football field

Fill in the information below or attach a copy of a schedule if requesting field use

| Date needed       | Days of the Week            | Time Start / Finish   |
|-------------------|-----------------------------|-----------------------|
| 1. <u>6/15/18</u> | M T W TH <u>FRI</u> SAT SUN | <u>5:00 - 9:00 PM</u> |
| 2. _____          | M T W TH FRI SAT SUN        | _____                 |
| 3. _____          | M T W TH FRI SAT SUN        | _____                 |
| 4. _____          | M T W TH FRI SAT SUN        | _____                 |
| 5. _____          | M T W TH FRI SAT SUN        | _____                 |

**FOR CLUB TEAM FIELD REQUESTS, PROOF OF INSURANCE, COPY OF COACHES RUTGERS CARD AND TEAM ROSTERS SHOWING AT LEAST 50% MIDLAND PARK PLAYERS ARE REQUIRED TO BE PRESENTED AT THE TIME OF APPLICATION OR APPLICATION CANNOT BE ACCEPTED!!!**

Signature: Angela Caprio Date: 6/7/18  
 • I have read and understand all procedures, rules and regulations regarding my reservation.

**Submit Field Use, Facility & Park Requests to:** The DePhillips Community Center, Attention Kathy LaMonte, 50 Dairy Street

Questions: Email [recdept@midlandpark-nj.org](mailto:recdept@midlandpark-nj.org) or call the Recreation Director at 201-652-2747

MP Recreation Department Approval Signature: K LaMonte Date: 6/8/18

Notification of request approval made to: Angela Caprio Date: 6/8/18

USE REQUEST FOR MIDLAND PARK RECREATION FACILITIES

\*\*\*PLEASE NOTE ALL REQUESTS MUST BE MADE IN ADVANCE\*\*\*

ORGANIZATIONAL INFORMATION:

Person responsibility for facility:

ED VANVELLI

Home Address:

366 PARK AVE MIDLAND PARK NJ 07432

Phone number:

Cell number:

Email

ED@EDVANVELLI.COM

Name of Organization:

AKADENA PROSPECTS - PRO PLAYER BASEBALL ACADEMY

President of group:

LAURENCE GILLIGAN

Phone number:

Email

LAURENCE@AKADENAPRO.COM

EXPLAIN THE TYPE OF PROGRAM THAT WILL TAKE PLACE:

130 BASEBALL (SPRING)

NUMBER OF PEOPLE TO ATTEND:

Adults

4

Children

12

FACILITY, PARK OR FIELD REQUEST:

DePhillips Community Center requests require adult supervision inside the facility at all times while the center is open. Please check appropriate boxes.

( ) Gym ( ) Community Room ( ) Tables ( ) Chairs ( ) Main Floor

( ) Dairy Tennis Courts ( ) College Tennis Courts ( ) Wortendyke Park/Pavilion

(X) Fields, please Specify:

VANDERHEER BASEBALL FIELD

Fill in the information below or attach a copy of a schedule if requesting field use

Date needed

Days of the Week

Time Start / Finish

1. 3/14 - 5/27/16

M T W TH FRI SAT SUN

Ant

6 - 7:30 PM

2.

M T W TH FRI SAT SUN

PLEASE NOTE THE THAT THE PRESENCE OF ALCOHOLIC BEVERAGES IS PROHIBITED

Signature

I have read and understand all procedures, rules and regulations regarding my reservation.

Date

3/9/16

Submit Field Use, Facility & Park Requests to: The DePhillips Community Center, Attention Kathy LaMonte, 50 Dairy Street

Questions:

Email [mprec@optonline.net](mailto:mprec@optonline.net) or call the Recreation Coordinator at 201-652-2747

MP Recreation Department Approval Signature

Date

3/11/16

Spoke w/ Ed re: field renovations - once they begin (may) field use ends

USE REQUEST FOR MIDLAND PARK RECREATION FACILITIES  
\*\*\*PLEASE NOTE ALL REQUESTS MUST BE MADE IN ADVANCE\*\*\*

ORGANIZATIONAL INFORMATION:

Person responsibility for facility Glenn Stokes, MPHS Athletic Director  
Home Address: 90 MPHS 250 Prospect St.  
Phone number: [REDACTED] Email gstokes@mpsnj.org  
Name of Organization: Midland Park School District  
President of group: Phone number: Email N/A

EXPLAIN THE TYPE OF PROGRAM THAT WILL TAKE PLACE:

Varsity Bas JV Baseball Practice & Games

NUMBER OF PEOPLE TO ATTEND:

Approx Adults 3 Children 12

FACILITY, PARK OR FIELD REQUEST:

DePhillips Community Center requests always require adult supervision inside the facility while the center is open. Please check appropriate boxes.

☐ Gym ☐ Community Room ☐ Tables ☐ Chairs ☐ Main Floor

☒ Fields, please Specify: Vandermeer & Upper Vets

Fill in the information below or attach a copy of a schedule if requesting field use

Date needed Days of the Week Time Start / Finish

1. (M T W T F R) SAT SUN 3-6
2. M T W T H FRI SAT SUN 8-11am Upper Vets Only
3. M T W T H FRI SAT SUN
4. M T W T H FRI SAT SUN
5. M T W T H FRI SAT SUN

\* April 10 need Upper Vets from 8-12 noon  
FOR CLUB TEAM FIELD REQUESTS, PROOF OF INSURANCE, COPY OF COACHES  
RUTGERS CARD AND TEAM ROSTERS SHOWING AT LEAST 50% MIDLAND PARK PLAYERS  
ARE REQUIRED TO BE PRESENTED AT THE TIME OF APPLICATION OR APPLICATION  
CANNOT BE ACCEPTED!!!

Signature/ Date [Signature] MPHS

• I have read and understand all procedures, rules, and regulations regarding my reservation.

Submit Field Use, Facility & Park Requests to: The DePhillips Community Center, Attention  
Kathy LaMonte, 50 Dairy Street

Questions: Email [KLaMonte@midlandparknj.org](mailto:KLaMonte@midlandparknj.org) or call the Recreation Director at 201-445-5720 Ext  
8285

MP Recreation Department Approval Signature [Signature]

Notification of request approval made to [Signature]

Rules and Regulations: DePhillips Community Center 50 Dairy Street