

Stillwater Clean-Up Day

Registration Form

Organization Name: _____

Coordinator's Name: _____

Address: _____

Phone Number: _____ Email: _____

Road Request: _____

(All requests will be reviewed and a final assignment given upon confirmation of registration following the Recreation Commission's September 9, 2020 meeting.)

I, _____ (Coordinator signature), understand that my organization must have a minimum of 5-7 participants to take part in Clean-Up Day. I agree that all participating members must be present at the Recycling Center on the morning of Saturday, September 26, 2020 to sign in. I understand that the disbursement amount per eligible organization will be \$300.00, pending approval of Stillwater Townships' 2019 budget.

I, _____ (Coordinator Signature), understand that my organization will be in compliance with the latest CDC Guidelines for Outdoor Activities and follow SOCIAL DISTANCING and MASK wearing guidelines when social distancing isn't possible.

*** Please complete and return **with current Insurance Certificate** to:

Stillwater Township
964 Stillwater Road
Newton, NJ 07860
Attn: Clean-Up Day