Rev 2/2024

CLIFTON RECREATION DEPARTMENT
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY
PHONE: (973) 470-5956
FAX: (973) 815-0599

SHOWMOBILE/STAGE RENTAL REQUEST

Date Requesting: _____ Intended Use: _____
(Name of event)

Location of Event: _____ _____ _____
(Site where showmobile/stage will be located.) (Address of event location) (City)

Additional information concerning delivery & set up (entrance to facility, specific set up location on property, specific instructions – please include map of area if needed):

Time of Event: _____ Surface stage will be on: _____
(Specific times for each day of use – **to & from**.)

Stage Set Up: Stage Size: Please check your stage size need for this event:
◯ 32’ x 8’ ◯ 32’ x 16’ ◯ 32’ x 24’

Delivery Date: _____ Time stage must be ready for use: _____
(If different from date of event.) (Facility and someone from your group must be available 2 hours prior to the time above.)

Return/Pick-up Date: _____ Time stage will be empty for removal: _____
(If different from date of event.)

Requestor (Group/League/Company/Municipality): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Phone #: _____ Contact & Phone # Day of Event: _____

If documents should be sent to the contact person, provide address, if different from requestor’s address:

Address: _____

City: _____ State: _____ Zip: _____

The showmobile/stage requestor/organization listed above will be responsible for providing the City of Clifton a Certificate of Liability Insurance for the showmobile/stage during the time of use, naming the City of Clifton as an additional insured, complete a rental agreement, and a hold harmless and indemnification agreement.

Applicant’s Signature: _____ Date: _____

---------- Office Use Only ----------

Received: _____

☐ Received Showmobile/Stage Rental Agreement ☐ Marked on Calendar ☐ Received Hold Harmless
☐ Received Certificate of Insurance ☐ Received Payment ☐ Contacted DPW
☐ Arrangements for Delivery/Pick-Up ☐ Check Vehicle

Approved: _____ Disapproved: _____ Date: _____
Signature Signature

Reason for Disapproval: _____