

DIVISION OF PUBLIC WORKS
RECYCLING AND
SOLID WASTE MANAGEMENT
TELEPHONE: 856-589-0523
FAX: 856-589-0529



TOWNSHIP OF WASHINGTON
GLOUCESTER COUNTY
DEPARTMENT OF MUNICIPAL SERVICES
P.O. Box 1106, Turnersville, NJ 08012

DIVISION OF PARKS
AND RECREATION
AND PARKS SERVICES
TELEPHONE: 856-589-3227
FAX: 856-589-0529

March 24, 2025

Steve Salvatore

Dear Mr. Salvatore:

We have received your request to use the Orchard Valley Middle School baseball field for the Co-Ed recovery League of South Jersey

Your request has been approved for every Sunday morning of each month, starting in April 6th till July 27th from 9am – 12:00 pm

Please make sure you pick up all trash when practice is over, failure to do so will result in termination of use.

If you have any questions or concerns, please do not hesitate to contact this office.

Sincerely,

Adele Riiff
Supervisor – Municipal Services

AR/vo
Enclosure
cc: K. Murphy – WTHS
G. Hilbert – WTHS
J. Walters – WT Schools
K. Berry – Orchard Valley Middle School Principal

Washington Township Public Schools
School Usage Form

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Name of Organization: RECOVERY LEAGUE OF SJ

School Requested: ORCHARD VALLEY

Purpose: SOFTBALL

Facilities Required: Room(s): _____

Date Requested: 4/6-7/27 SUN MORNING Hours: 9AM - 12 PM

Person to contact for information/directions: Steve Salvatore Phone: 856 436 7621

Tuition: _____ or fee _____ charged to participants, if any.

Admission Charge Per Person: _____

Insurance Coverage For:

Participants: Yes No Spectators: Yes No Certificate Attached: Yes No

RULES AND REGULATIONS:

Application is hereby made to the Board of Education of Washington Township for use of the facilities described. It is hereby understood and agreed that the applicant will assume responsibility for payment of any required charges before the facilities are available. Also, the user is responsible for the preservation of order and for liability for any damage to or loss of property or equipment that may result from the use of the facilities. The user also assumes full responsibility for observation of all regulations of the Board of Education, as well as local, State, and Federal rules and regulations, and rules and regulations of the fire and police departments.

It is further understood and agreed that if the application is granted, the undersigned user will assume full responsibility for liability and insurance coverage for members of its own organization and will hold the Board of Education harmless in the event of any accident or injuries resulting from activity.

It is further agreed that the Policy #7510 of the Washington Township Board of Education, available at all schools, has been reviewed and its Terms and Conditions are acceptable and will be met.

It is further agreed that Regulation # 2431.4 of the Washington Township Board of Education, pertaining to the Prevention and Treatment of Sports Related Concussions and Head Injuries will be reviewed and its Terms and Conditions met.

RLSJ

Name of Organization

Steve Salvatore

Signature of Executive Officer

Please address application to:

Washington Township Parks and Recreation
PO Box 1106
Turnersville, NJ 08012

Address

511 THORNE HANE
GREENBROOK NJ 08029

School Approved

Kayla Benz
Principal

Application Approved

Debra Biele
WTHS Facility Coordinator

Phone Number

856 436 7621

cc: Facility Coordinator, Principal, Business Administrator, Applicant, Parks and Recreation