



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY  
INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON  
PICATINNY ARSENAL, NEW JERSEY 07806-5000**



**IMCOM**  
SOLDIERS • FAMILIES • CIVILIANS

**JAN 17 2012**

**MEMORANDUM FOR FROG FALLS PATRONS**

**SUBJECT: FORCE PROTECTION, ANTI-TERRORISM AND SECURITY AWARENESS**

1. Welcome to the 13th season at Frog Falls Aquatic Park! What an exciting year 2012 is shaping up to be. Our goal is to offer a family oriented, fun, recreational experience at Frog Falls. Specialty Events for all ages are offered throughout the summer season.

2. As always, FMWR Patrons will experience a rigid inspection process as you enter Picatinny Arsenal for reasons of security, safety and the well being of each and every one of us. The inspections will continue throughout the summer season and will be adjusted as necessary for the protection of personnel, property and National Defense interests.

There are some adjustments in your daily routine that will help with the efficient and effective process of personal identification and vehicle inspection:

- a) Allow extra time in your trip for the inspection process.
- b) Gate access information is following:

	<u>Weekdays</u>	<u>Weekends</u>	<u>Federal Holidays</u>
Main Gate	Open 24 hours	Open 24 hours	Open 24 hours
Mt. Hope Gate	0600-1800	TBD	Closed
Truck Gate	0600-1800	Closed	Closed

- c) Have personal identification ready (FMWR photo ID). Be sure your driver's license, registration and insurance paperwork are current.
- d) Have the proper windshield identification (FMWR sticker) affixed to the rear view mirror so it faces the front of the vehicle and therefore easier to identify by the Police.
- e) Upon entry to the Installation FMWR Patrons' Drivers licenses will be scanned, for standing warrants.
- f) Remove clutter and unauthorized items from the vehicles to speed the inspection process. Be aware that motor vehicle inspectors have the authority to confiscate any unauthorized items.

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g) Adjustments may be made to Mt. Hope Gate hours in CY12 and will be announced as required.

h) Guests must be either in your vehicle or immediately following you/your vehicle onto the installation.

i) Guests will be issued a MWR AQUATIC PARK VEHICLE PASS for entry. The guest is responsible to return the VEHICLE PASS to the Police upon exiting the installation.

j) Obey posted speed limits (unless otherwise posted, the speed limit is 25 MPH). Do not park your vehicle within 30 feet of any building and follow signs to the Aquatic Park (no sightseeing).

k) Do not talk on cell phones while operating a vehicle without the use of a hands free device.

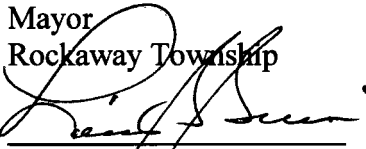
l) Be courteous to the Police, guards, and inspectors.


m) Reminder: glass containers, alcoholic beverages and coolers (larger than a personal size) are not permitted at Frog Falls.

3. We appreciate your cooperation in this regard. While the preventive measures may be inconvenient, they are prudent and necessary for everyone's safety and protection. Failure to follow our security procedures will result in denied access to the installation.

4. Finally, we ask that you help us and be an active part of our collective eyes and ears by reporting suspicious looking people, vehicles or activities. You can report emergencies or suspicious activity to the Picatinny Police at (973) 724-6666. Again, we appreciate your support in making this summer safe for all.

LOUIS S. SCEUSI  
Mayor  
Rockaway Township

  
\_\_\_\_\_  
(Date)

  
HERB KOEHLER  
Lieutenant Colonel, US Army  
Garrison Commander

1-17-12  
\_\_\_\_\_  
(Date)

# Caregiver Application

## 2012 "Frog Falls" Aquatic Park

All eligible Frog Falls members have the opportunity to add a caregiver to their membership.

The caregiver will receive an ID card that is only valid when accompanied by the family that has noted them as a caregiver. The fee for a seasonal caregiver is \$220.00. The Rockaway Twp. Recreation Dept. will be accepting caregiver applications in conjunction with your seasonal membership.

### Caregiver Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you or a family member over the age of 18 ever been convicted of a crime other than a minor traffic violation? If yes, state what the conviction was for, the town and state where the conviction was made and the date.

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided by me is true and accurate to the best of my knowledge. I understand that all information contained in this application is subject to verification. I understand that falsification of any information may result in the loss of my membership fee and privileges. Access by the public to Picatinny Arsenal is restricted for security reasons. I understand that if I cannot be granted access to Picatinny for security reasons, my membership fee will be returned to me unless I falsified information in my application.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### Sponsoring Family Information

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Refund Policy:**

Refunds will be granted to applicants if requested prior to opening day.  
**A 20% ADMINISTRATIVE FEE WILL BE DEDUCTED FROM ALL REFUNDS**  
No refunds will be given after the pool has opened for the season, May 28, 2012.

***Please make checks payable to: Rockaway Township***

**Rockaway Township Parks and Recreation Dept.  
65 Mt. Hope Road  
Rockaway, NJ 07866**

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For office use only

\_\_\_\_\_  
Last Name \_\_\_\_\_ Type of Membership \_\_\_\_\_ Receipt # \_\_\_\_\_

\_\_\_\_\_  
Payment Received Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Initial \_\_\_\_\_