

LOWER PROVIDENCE TOWNSHIP • DEPARTMENT OF PARKS & RECREATION

100 PARKLANE DRIVE • EAGLEVILLE, PA 19403

PHONE: (610) 635-3543 • FAX: (610) 539-6347

www.lowerprovidence.org

FACILITIES RENTAL REQUEST FORM

This form represents a REQUEST to Lower Providence Township Parks & Recreation Department from the stated organization through its authorized representative.

APPROVAL BY THE PARKS AND RECREATION DEPARTMENT WILL NOT BE GIVEN UNTIL PAYMENT (security deposit & rental fee, if applicable) AND PROOF OF INSURANCE COVERAGE HAS BEEN RECEIVED. Checks must be made payable to "Lower Providence Township".

Applicant Name: _____

Organization: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please check the facility that is requested:

- Eagleville Park - Gaugler Field
- Eagleville Park - Multipurpose Field
- Eskie Park Field 1
- Redtail Baseball Field
- Eagleville Park - Pavilion (1/2 day)
- ARA Field # _____
- Eskie Park Field 2
- Redtail Multipurpose Field
- Eagleville Park - Pavilion (Full day)
- Eskie Park Pavilion (1/2 day)
- Evansburg Point Park Game Field
- Level Rd. School House
- Eagleville Park - Bocce Court
- Eskie Park Pavilion (Full day)
- Evansburg Point Park MP Field
- Gabriel Field

OTHER _____

Rental Date: _____ Time: _____ - _____ Estimated Attendance #: _____

1/2 day pavilion rentals - 4 hrs between (9:00am - 2:00pm or 3:30pm - dusk)

For rentals of more than one (1) day ...PLEASE attach a list of ALL Dates / Days / Times requested.

By signing below, I (we) duly elected officer(s) or duly appointed committee of the above said organization, certify that our organization agrees:

- To assume all risks in connection with the use of the facilities requested above and to hereby release, absolve, indemnify and hold harmless the Township of Lower Providence and its employees in connection with the use of these facilities.
- That the responsibility for carrying appropriate medical plans, including hospitalization, lies with our organization an/or participants, since the Township of Lower Providence does not carry such insurance.
- To adhere to the Rules and Regulations for Parks and Recreation facilities, a copy of which has been received.
- To notify the Township of Lower Providence in writing within 24 hours of any hazardous conditions which exists.
- That a Security Deposit is required and will be returned upon completion of facility inspection pending that no damages were observed.

Security Deposit Amount: _____ ♦ Check - #: _____ ♦ Cash - check here: _____

* Recommended payment method for security deposit is Credit Card

♦ Credit Card - circle: **Visa** or **MasterCard**

Card #: _____

Expiration Date: _____ CVV2 #: _____

Rental Fee(s) Amount: _____ ♦ Check - #: _____ ♦ Cash - check here: _____

♦ Credit Card - circle: **Visa** or **MasterCard**

Card #: _____

Expiration Date: _____ CVV2 #: _____

Applicant Signature: _____ Date: _____

Authorized Signature - Parks Dept.: _____

Date: _____

Signature indicates P & R Department received a request only. Rental Requests are not to be considered approved until Facility Usage Permit is issued.

For Department Use Only

I hereby certify that an inspection was conducted on the premises. The condition of the premises was as follows:

NO DAMAGES WERE OBSERVED (initial) _____

THE FOLLOWING DAMAGES WERE OBSERVED: _____

Damages Observed By _____ Date _____

Parks Dept Use Only:
Amount of Fee(s) Returned: _____ Method of Refund: _____ Date: _____ Initials: _____