

FACILITIES RENTAL REQUEST FORM

This form represents a REQUEST to Lower Providence Township Parks & Recreation Department from the stated organization through its authorized representative. Please review the Facilities Rental Information and fee schedule prior to submitting your request.

This form must be submitted at least seven (7) days prior to the anticipated rental date. Please call to confirm the current availability of the date and facility you would like to reserve. Additional questions concerning this application should be directed to the Department of Parks and Recreation at 610-635-3543.

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. NOTE: A separate check must be written for each fee. 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:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> ARA Field | <input type="checkbox"/> Eagleville Park Pavilion | <input type="checkbox"/> Eskie Park Pavilion | <input type="checkbox"/> Hoy Park |
| <input type="checkbox"/> Eagleville Park Basketball Court | <input type="checkbox"/> Eagleville Park Tennis Court | <input type="checkbox"/> Evansburg Point Park | <input type="checkbox"/> Level Rd. School House (max. capacity 50) |
| <input type="checkbox"/> Eagleville Park Bocce Court | <input type="checkbox"/> Eskie Park Ball Fields | <input type="checkbox"/> Gabriel's Multipurpose Field | <input type="checkbox"/> Redtail Ball Field |
| <input type="checkbox"/> Eagleville Park Multipurpose Field | <input type="checkbox"/> Eskie Park Basketball Court | <input type="checkbox"/> Gaugler Field (at Eagleville Park) | <input type="checkbox"/> Redtail Multipurpose Field |

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

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 Ordinance for Parks and Recreations facilities, a copy of which as 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 confirmation that no damages were observed.

Applicant Signature: _____ **Date:** _____

Security Deposit Amount: _____

* Recommended payment method for security deposit is Credit Card

- ◆ Check - list check #: _____
- ◆ Credit Card - circle: Visa or MasterCard
Card #: _____
Expiration Date: _____ CVV2 #: _____
- ◆ Cash - check here: _____

Rental Fee(s) Amount: _____

- ◆ Check - list check #: _____
- ◆ Credit Card - circle: Visa or MasterCard
Card #: _____
Expiration Date: _____ CVV2 #: _____
- ◆ Cash - check here: _____

Authorized Signature – Parks Dept.: _____	Date: _____
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For Department Use Only

I hereby certify that an inspection was conducted on the premises on the date and time specified below. The condition of the premises was as follows:

_____ **NO DAMAGES WERE OBSERVED**
_____ **THE FOLLOWING DAMAGES WERE OBSERVED**

Inspection Completed By _____ **Date** _____

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