

LOWER PROVIDENCE TOWNSHIP • DEPARTMENT OF PARKS & RECREATION

30 PARKLANE DRIVE • EAGLEVILLE, PA 19403
PHONE: (610) 635-3543 • FAX: (610) 539-6210
www.lowerprovidence.org

FACILITIES RENTAL REQUEST FORM

This form represents a REQUEST to Lower Providence Township Parks & Recreation Department from the stated organization through it's 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
ARA Field #
Eagleville Park - Pavilion
Eskie Park Pavilion
Eagleville Park - Bocce Court
Eskie Park Field 1
Eagleville Park - Multipurpose Field
Eskie Park Field 2
Evansburg Point Park MP Field
Evansburg Point Park Game Field
Redtail Baseball Field
Redtail Multipurpose Field
Level Rd. School House (max. capacity 50)
Gabriel's Multipurpose Field
OTHER

Rental Date: Time: Estimated Attendance #:

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 Recreations facilities, a copy of which as been received.
To notify the Township of Lower Providence in writing within twenty-four 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:
\* Recommended payment method for security deposit is Credit Card
Check - #:
Cash - check here:
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: