

UPPER SAUCON TOWNSHIP
5500 Camp Meeting Road
Center Valley PA 18034
(610) 282-1171

APPLICATION FOR USE OF PARK FACILITIES

(revised Oct. 2010)

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____
(This will be printed on your "Pavilion Reserved" sign)

DAY/DATE OF EVENT: _____ TIME OF EVENT: _____ to _____

PURPOSE OF EVENT: _____

FACILITY REQUESTED: () PAVILION () FIELD(S) _____

ANTICIPATED ATTENDANCE: _____ WILL ADMISSION BE CHARGED: _____

Name, address and signature of applicant (OR two responsible officials of your organization) who will be present at the time the facilities requested are being used and who will accept responsibility for adherence to the Township regulations. By signing, you also acknowledge that you have read and understand the rules and regulations.

Printed Name

Printed Name

Signature

Signature

Street Address

Street Address

City/State/Zip

City/State/Zip

Home Phone Work

Home Phone Work

E-Mail Address

E-Mail Address

***** PLEASE: Do not use any type of staples, nails or thumbtacks in the pavilion or on the picnic tables. Use only tape, ribbon or string *****

*** TOWNSHIP USE ONLY ***

Application Fee: Resident @ \$50.00 _____ Non-Resident @\$100.00 _____
Payment: Check #: _____ Cash: _____

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Center Valley, PA 18034

HOLD HARMLESS CLAUSE

The undersigned agrees to hold harmless, indemnify and release Upper Saucon Township, its agents, employees and supervisors for any damage or loss or injury which may occur during the course of the event proposed by the undersigned. The indemnification and release shall include indemnification for all acts or events created by the Township, its agents, employees, recreation committee, and supervisors and shall include, but not be limited to, all costs of the suit, defense or judgment entered against the Township.

Signature: _____

Date: _____

Organization: _____

Witness: _____