

UPPER SAUCON TOWNSHIP

5500 Camp Meeting Road
Center Valley, Pa 18034

APPLICATION FOR USE OF PARK FACILITIES

DATE OF APPLICATION: _____

NAME OF ORGANIZATION: _____

DATE OF EVENT: _____ TIMES OF EVENT: _____ TO _____

PURPOSE OF EVENT: _____

FACILITY REQUESTED: () PAVILION () OTHER _____

ANTICIPATED ATTENDANCE: _____ WILL ADMISSION BE CHARGED: _____

PERCENTAGE OF TOWNSHIP RESIDENTS: _____

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 Township regulations. By signing, you also acknowledge that you have read and understand the rules and regulations.

Printed Name

Printed Name

Signature

Signature

Address

Address

City State Zip

City State Zip

Home Phone Work

Home Phone Work

E-Mail Address

******PLEASE NOTE: 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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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: _____