

**BUCKINGHAM TOWNSHIP
APPLICATION FOR USE OF TOWNSHIP FACILITY**

Date(s) Requested _____ Time: _____ to _____ Approx. Attendance _____

Organization/Group Name and Address: _____

Contact Name _____ Telephone (Day) _____ Telephone (night) _____

Purpose for Use of Facility:

FEE SCHEDULE PER RESOLUTION #2112

Fee per Use: \$25.00 Escrow Fee: \$50.00

RULES AND REGULATIONS FOR USE OF TOWNSHIP BUILDING MEETING FACILITIES

- Township meetings, programs and activities have priority over any other use scheduled.
- Facilities/public rooms are available between the hours of 8 A.M. and 10 P.M. Monday through Friday; Saturday and Sunday, 10 AM to 6 PM (in case of snow or ice on weekends, facility use must be canceled).
- Restroom facilities are located on each floor in the hallways near the lobby entrances of the Township Building.
- Limited parking space is available in the Township parking lot.
- Users may provide and operate their own audio, video or related equipment.
- Profit-making, which benefits private parties or organizations, may not occur during the use of the facilities.
- It is the responsibility of each individual, group or organization using the public room to return the room to its original configuration including rearranging the chairs and tables.
- All trash and debris, other than that which can be placed into the wastebasket, must be removed.
- Public rooms shall be left in an orderly condition; if not, the escrow fee may be retained by the Township for cost of exceptional custodial work required by conditions. The individual, group, or organization is responsible for any damage incurred while using the facility.
- The following are not permitted: smoking, alcohol or drug use; food preparation or consumption; and pets, unless required as an aid to an individual
- Storage facilities are not available for any individual, group or organization.
- Township staff cannot accept calls for persons using Township facilities.
- Please TURN OFF LIGHTS when leaving.

RETURN COMPLETED APPLICATION AND RELEASE FORM TO:

Buckingham Township, 4613 Hughesian Drive, P.O. Box 413, Buckingham, PA 18912 Telephone: 215-794-8834

As representative for the organization/group, I have read the above Rules and Regulations and take responsibility for the actions of myself and fellow organization members during the time of use. I have also read and signed the attached Release Form.

Signature of Applicant _____ **Date** _____

GRANTING PERMISSION TO USE TOWNSHIP FACILITY DOES NOT IN ANY WAY CONSTITUTE AN ENDORSEMENT OF THE INDIVIDUAL'S OR ORGANIZATION'S POLICIES OR BELIEFS BY THE TOWNSHIP BOARD OF SUPERVISORS OR THE TOWNSHIP STAFF.

APPLICATION STATUS: **APPROVED** _____ **DENIED** _____

FEE CHARGED _____ **DATE RECEIVED** _____ **BY:** _____

ESCROW DEPOSIT \$50.00 **DATE RECEIVED** _____ **BY:** _____

APPLICANT NOTIFIED ON _____ **BY: PHONE** _____ **MAIL** _____ **IN PERSON** _____ **FAX** _____

Buckingham Township Release Form

KNOW ALL MEN BY THESE PRESENTS THAT, INTENDING TO BE LEGALLY BOUND HEREBY,

(Name of individual, group or organization)

agrees to hold harmless and indemnify the Township of Buckingham, its supervisors, directors, managers, officers, agents, employees, and contractors (the "Township"), from and against any and all liability, loss, damage, expense, actions, causes of action, suits, claims, or judgments arising from, resulting from, or based on the use, occupation or enjoyment by _____ of real property or personal
(Name of individual, group or organization)

property or fixtures or facilities owned or occupied or leased or held by the Township; and said

_____ shall, at its own cost and expense, defend any and all
(Name of individual, group or organization)

suits including those based on negligence or negligent acts which may be brought against the Township, its officials and employees either alone or in conjunction with others, upon any such liability or claim or cause of action and shall satisfy, pay, and discharge any and all judgments that may be recovered against the Township in such action(s) or suit(s).

(Name of individual, group or organization)

(Signature of Individual or Authorized Agent)

(Date)

This Release Form must be signed and submitted along with the Application for Use of Meeting Room.