



**BUCKINGHAM TOWNSHIP  
PARK AND RECREATION  
FACILITY – FIELD  
USE FORM**

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Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

\*E-Mail \_\_\_\_\_

Phone Numbers (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Responsible Party (Day of event) \_\_\_\_\_

Phone Numbers (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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**FACILITY/FIELD REQUESTED**

PLANNED ACTIVITY \_\_\_\_\_

DATES REQUESTED \_\_\_\_\_

TIMES(S): SUN \_\_\_\_\_ TO \_\_\_\_\_ MON \_\_\_\_\_ TO \_\_\_\_\_ TUES \_\_\_\_\_ TO \_\_\_\_\_ WED \_\_\_\_\_ TO \_\_\_\_\_  
THUR \_\_\_\_\_ TO \_\_\_\_\_ FRI \_\_\_\_\_ TO \_\_\_\_\_ SAT \_\_\_\_\_ TO \_\_\_\_\_

This form must be completed in its entirety by the individual requesting usage of the Buckingham Township Park System Facilities. Please return this form with the fees required according to Resolution 2645 to Buckingham Township P.O. Box 413 Buckingham PA 18912 for consideration. **Two** checks are required, one for fee and one for escrow (which may be returned if facility/fields are left in same condition). Submission of this form does not guarantee facility reservation. If you have any questions, please call the Operations Department 215 794-8834

Date Request Received \_\_\_\_\_

On-refundable Usage Fee Received \_\_\_\_\_ Amount \_\_\_\_\_

Security Deposit Received \_\_\_\_\_ Amount \_\_\_\_\_

Insurance Certificate No \_\_\_\_\_ Yes \_\_\_\_\_



## BUCKINGHAM TOWNSHIP FACILITY/FIELD USE FORM

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BY SIGNING BELOW, I AS A DULY ELECTED OFFICER OR DULY AUTHORIZED INDIVIDUAL OF THE ABOVE SAID ORGANIZATION, CERTIFY THAT OUR ORGANIZATION AGREES:

To the extent permitted by law, to save, defend, keep harmless and indemnify the Township of Buckingham and all of its elected or appointed officials, agents, volunteers and employees (collectively the "township of Buckingham") from and against any and all claims, loss, damage, injury, cost (including court costs and attorney's fees), charges, liability or exposure, resulting from or arising out of the use of the requested facility/field.

That the responsibility for carrying appropriate medical plans, including hospitalization, lies with our organization and/or participants; and our organization agrees to have its agent provide an original certificate of insurance indicating liability coverage name the Township of Buckingham additional Insured.

To notify the Township of Buckingham in writing within twenty-four hours of our use of any hazardous conditions or damage which were observed during or created by our use.

**THE FEE AND ESCROW SHOULD BE PAID BY SENDING TWO SEPARATE CHECKS – ONE FOR FEE AND ONE FOR ESCROW – MADE OUT TO BUCKINGHAM TOWNSHIP AND DELIVERED IN PERSON OR MAILED TO P.O. BOX 413 BUCKINGHAM PA 18912. PLEASE REFERENCE RESOLUTION 2645 FOR SPECIFIC FEES.**

That we have received and read Buckingham Township Ordinance 2002-04 relating to the Park System Rules and Regulations and agree to abide by all the rules and regulations set forth in said Ordinance.

To leave the site in a clean and orderly condition after each authorized use.

That the Township may at its sole discretion cancel our facility/field reservation due to poor weather or field conditions.

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF OFFICER OR OTHER AUTHORIZED PERSON

### AUTHORIZATION FOR USE OF FACILITY/FIELD

Name of Applicant \_\_\_\_\_

Facility/Field Requested \_\_\_\_\_ Amount of Non-Refundable Fee \_\_\_\_\_

Date and Time of Authorized Activity \_\_\_\_\_

When signed below, the above named organization/person is authorized to use the facilities as indicated. Applicant should carry this form with him/her during the effective dates and times covered by this application.

\_\_\_\_\_  
Authorized Township Signature

\_\_\_\_\_  
Date

- |    |   |
|----|---|
| A. | Fee - \$ 100.00 per day, per field<br>Escrow - \$200.00 per day, per field  |
| B. | In the case of additional facility restoration needed due to damages from excessive misuse, additional charges required equal to the reimbursement of costs incurred by the Township to restore the facilities. |
| C. | The Township may call for additional requirements of the organization based on anticipated attendance and type of event. (For example: traffic control, portable lavatories)                                    |