



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

Organization _____

Mailing Address _____

Applicant Name _____

Address _____

*E-Mail _____

Phone Numbers (Home) _____ (Cell) _____

Responsible Party (Day of event) _____

Phone Numbers (Home) _____ (Cell) _____

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

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

