

PARK AND FIELD USE REQUEST

Today's Date _____

Please provide the following information for the individual assuming responsibility:

Name (Person or Organization): _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Nature of Event: _____

Date Requested: _____ Time Requested: From _____ am/pm to _____ am/pm

Approx. % of UMT Residents on Team (*For Organization Use): _____

*For Organization Use - Dates and Times Required – If request is for an entire season's use, please attach a copy of your organization's schedule, including practice days and times.

Facilities Requested:

Lookout Park (baseball/softball)	
Patriot Field	
Freedom Field (softball)	
Stan Arabis Field	
Eagle Field	
Independence Field (softball)	
Building	

Brownsburg Park (soccer/lacrosse)	
Small Field 1	
Large Field 2	
Medium Field 3	
Medium Field 4	
Medium Field 5	
Medium Field 6	
Pavilion*	

The Township shall not, in any manner or for any cause, be liable or responsible to user for any injury or damage to him/her or anyone in his/her charge or his/her goods or other property brought upon the premises, and any and all claims for such injury or damages are hereby waived. Your approved permit entitles you to use the facility indicated above for the requested date and time. Permits are not transferrable. By signing this form, you are agreeing to adhere to Upper Makefield Township Rules & Regulations and Pavilion Use Policy and are assuming responsibility to return all areas to their original condition, including disposal of all trash. *Pavilion Reservation Policy for Upper Makefield Township residents only. Proof of residency required.

Signature: _____

Requesting Individual or Representative

Township Use Only:

Agreements	Park Use <input type="checkbox"/> Received	Indemnification <input type="checkbox"/> Received
Fees	Use Fee: \$ _____ /Check #	Security Deposit \$ _____ /Check #
Insurance Certificate	<input type="checkbox"/> Received	<input type="checkbox"/> Waived
*Proof of Residency-Pavilion Rental	<input type="checkbox"/> Received	Form of ID: _____
Snack Shed	<input type="checkbox"/> Yes Use Fee: \$ _____	<input type="checkbox"/> No
Request	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Township Official Signature		Date: