Maidencreek Township Use of Facilities & Equipment Form & Contract

Organization/Name: _____

Address: _____

Contact Person & Title: _____

Phone No. & Email Address: _____

Date & Time of Rental Request: _____

Pavilion Rental

____ Community Park Pavilion **$60** *(Non-Resident Fee **$100**)*

____ Community Park Concession **$25 + $50 Deposit** *(Non-Resident Fee **$50 + $50 Deposit**)*

____ Blandon Fire Co. Pavilion **$25** *(Non-Resident Fee **$50**)*

Athletic Field Rental

____ Community Park Soccer/Field Hockey/Football Field **$50 + $50** Deposit

____ Community Park Ball Field (Large) **$50 + $50 Deposit**

____ Community Park Ball Field (Small) **$50 + $50 Deposit**

____ Blandon Fire Co. Ball Field **$50 + $50 Deposit + $25 for Lights**

____ Non-Profit Field Rental for a Season *Maximum of 12 Weeks* **$300**

(Park & Recreation Board need to be notified)

____ For-Profit Field Rental Use Per Day **$200** *(no season rentals)*

Other Rentals

____ Township Meeting Room **$50**

____ Township Equipment *(Tents, Tables, Chairs, Hot-Dog Roller)* **$50**

User agrees to:

- Abide by the Maidencreek Township Park & Recreation Rules & Regulations.
- Provide on-site supervision during all practices, games, and events, enforcing all rules and taking necessary action to cease inappropriate behaviors that may be displayed by any participant in the activity. This includes players, coaches, parents, and spectators.
- Contact the Township of Maidencreek within 24 hours in the event of serious injury, mishap, or maintenance issue at 610-926-4920
- Provide a copy of a $1,000,000 general liability insurance policy naming the Township of Maidencreek as additional insured for all sporting events or fee-generating activities.

Signature of Applicant: _____ **Date:** _____

The Township of Maidencreek agrees to maintain an accurate schedule of the facilities. Provide general maintenance of all public areas. Make every attempt to notify the group contact person at least 24 hours before an emergency closing of any park or facility.

_____*Approved* ____ *Not Approved*

Signature of Township Manager or Secretary: _____ **Date:** _____

Total Fee: _____ ***The deposit will be returned after facility inspection (Please call to notify before picking up the deposit)***