



**SKIPPACK TOWNSHIP**

[www.skippacktownship.org](http://www.skippacktownship.org)

4089 Heckler Road - P.O. Box 164

Skippack, PA 19464

PHONE : 610-454-0909 - fax: 610-454-1385

**PAVILION AND FIELD RESERVATION FORM**

Organization/Individual: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Please check which day(s) of the week you are requesting the reservation for:

M-          T-          W-          Th-          Fr-          Sat-          Sun-

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of Individuals Expected: \_\_\_\_\_

Description of Event: \_\_\_\_\_

*Please Note: We request Township residents to make reservations. To receive confirmation of your reservation, you must have this form and the Organization or Individual Release form filled out completely and submit to Skippack Township.*

Palmer Pavilion	Hallman's Grove Pavilion	Lenape Pavilion	Heckler Field
French Field	Basketball Court A	Soccer Field 4	Baseball Field 3
Tennis Court A1	Basketball Court B	Soccer Field 5	Baseball Field 4
Tennis Court A2	Soccer Field 1	Soccer Field 6	Baseball Field 5
Tennis Court B1	Soccer Field 2	Baseball Field 1	
Tennis Court B2	Soccer Field 3	Baseball Field 2	

**\*\* You may be asked to submit a copy of a Certificate of Insurance, and to sign a Release Form \*\***

- **By signing below, I (we) duly elected officer(s) or duly appointed committee of the above said organization, certify that our organization agrees:**
- **To assume all risks in connection with the use of the facilities requested above and to hereby release, absolve, I indemnify and hold harmless Skippack Township and its employees in connection with the use of these facilities.**
- **That the responsibility for carrying appropriate medical plans, including hospitalization, lies with our organization and/or participants, since Skippack Township does not carry such insurance.**
- **To adhere to the Rules and Regulations facilities, a copy of which has been received.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TOWNSHIP APPROVAL**

Permit #: \_\_\_\_\_

Security Deposit: \_\_\_\_\_

Fee(s): \_\_\_\_\_

Amount Returned: \_\_\_\_\_

Staff Signature: \_\_\_\_\_