



SKIPACK TOWNSHIP
www.skipacktownship.org
4089 Heckler Road - P.O. Box 164
Skipack, PA 19474
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, provide state issued photo ID and submit to Skipack Township. Additionally:

- Requests are not a guarantee of reservation and still require approval from Skipack Township, payment and certificate of insurance by renter.
- Requests will be reviewed based upon the order that they are received.
- We recommend that requests are made more than 45 days in advance.
- Fees are for a 4-hour time period.
- Some reservations require a certificate of insurance for General Liability Insurance, naming Skipack Township as an additional insured.

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		Bocce	
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: _____

Print Name: _____

TOWNSHIP APPROVAL:

Date Received All Required Information: _____

Date Approved: _____

Permit # (if applicable): _____

Fee(s): _____

Security Deposit: _____ Check #: _____

Amount Security Returned: _____ Date Returned: _____

Received:

_____ Reservation Form

_____ Individual / Organization Release Form

_____ Certificate of Insurance (COI) – If Applicable

_____ Copy of Photo ID

Staff Signature: _____

Date: _____