



WESTTOWN TOWNSHIP

1039 Wilmington Pike
West Chester, PA 19382
610-692-1930
email: parkrec@westtown.org

Post Office Box 79
Westtown, PA 19395
FAX 610-692-9651
www.westtownpa.org

APPLICATION FOR FIELD USE

Fee \$ 100/day

Paid _____

Security Deposit (Refundable) \$ 500

Paid _____

Facility Requested: Oakbourne Park Upper Field

Name of Organization: _____

Name & Address of Coach or Person Responsible: _____

Phone: _____

Email: _____

Date(s) and Time of Use: _____

Number of Participants (approx.): _____

Special Conditions: Lime or marking paint on the ground **MUST** be erased (rubbed out after each game or race). Do not make any markings on trees or asphalt.

The Applicant agrees to indemnify and hold harmless Westtown Township and its supervisors, employees, and agents for any and all claims from bodily injury or property damage, including costs and expenses arising out of the use of Oakbourne Park and its facilities. I attest that I am at least 18 years of age and I am authorized to submit this Application on behalf of the Organization.

Certificate of Insurance (minimum \$500,000 personal and property liability) naming Westtown Township, 1039 Wilmington Pike, West Chester, PA 19382 as additional insured must be submitted with application.

Signature of Applicant: _____ Date: _____

Township Approval: _____ Date: _____