

**TOWNSHIP OF LOWER MERION
DEPARTMENT OF RECREATION
75 EAST LANCASTER AVENUE
ARDMORE, PA 19003-2376**

Permit # _____
Security Deposit \$ _____
Permit Fee \$ _____
Receipt # _____

APPLICATION FOR THE USE OF TOWNSHIP PROPERTY

Please read all attached conditions regarding permits.
Complete, sign and return this application to the above address.

The undersigned respectfully requests the use of Township property as indicated below:

Single Use _____ Seasonal Use _____ Yearly Use _____

If this is a seasonal request for multiple sites, dates and times, you must also complete the multiple site request form.

Name of the park or facility *(Single and Yearly use only)* _____ Date(s) desired _____

Special Arrangements _____

Time: From _____ a.m. p.m. To _____ a.m. p.m.
(Single and Yearly use only)

Total number of people _____ Number of Lower Merion Residents _____
(Verification to be supplied upon request)

Age range of participants _____ # of Adults _____ # of Teams (if applicable) _____

Check all that apply: _____ Youth _____ Adult _____ Co-ed _____ Competitive _____ Recreational
_____ Other _____

Exact Area(s) Needed _____

Describe proposed use _____

Program – Open to the public, members only, invite only, or other? _____

How is registration conducted? _____

Organization, League or Group Name _____

Address _____

Is this a Non-Profit Organization (IRS status 5013C)? Yes or No

If “No”, would you qualify for Non-Profit Status? Yes or No

Check all that apply: _____ Admission Charged _____ Registration Fees _____ Fundraisers _____ None

Based upon this request (and other requests) official permits will be sent to you indicating approved dates, times and facilities. All dates and times of the request may not be honored.

APPLICATION FOR THE USE OF TOWNSHIP PROPERTY (CONTINUED)

I the undersigned representative, acting on the behalf of the organization, hereby release the Township of Lower Merion, its officers, agents, employees, sponsors, organizers, and all leaders assigned by them, from liability for any damage and injury to any person or thing in connection with the issuance of a permit for the use of Township facilities. I have read the conditions and regulations regarding the use of Township property and understand that failure to comply with such policies by myself or any other in the organization may result in the temporary or permanent suspension of permit privileges.

Applicant's Name _____

Day Phone # _____ Evening Phone # _____

E-Mail Address _____ Fax # _____

Applicant's Address _____

Signature of Applicant _____ Date _____

Name of person who is the official group representative AND WHO WILL BE PRESENT AT ALL TIMES

Name _____

Day Phone # _____ Evening Phone # _____

E-Mail Address _____ Fax # _____

Address _____

Application Check List

Below you will find a checklist of information, which must be submitted, with your facility request form to the Department of Recreation. The information on the checklist is part of your application for use of Township of Lower Merion and/or School District Facilities.

Required		Information	Received <i>For Township use only</i>
Yes	No		
_____	_____	Present year's game and practice schedule.	_____
_____	_____	Certificate of Insurance.	_____
_____	_____	List of current year's officers and names of emergency contacts for facility problems. (Including Name, Address and Phone Number)	_____
_____	_____	Rosters/Participant/Guest List (Including Name, Address and Phone Number)	_____
_____	_____	Proof of Non-Profit Status.	_____
_____	_____	Registration dates, times, locations and fees.	_____
_____	_____	Other _____	_____