



SKIPPACK TOWNSHIP

4089 Heckler Road · P.O. Box 164
 Skippack, PA 19474
 PHONE: 610-454-0909 · FAX: 610-454-1385
www.skippacktownship.org

Pavilion and Field Reservation Form Skippack Township Department of Parks and Recreation

Organization/Individual: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Phone Number: _____ Cell #: _____ Work Phone #: _____
 Date of Use: _____ Start Time: _____ End Time: _____
 Number of Individuals Expected: _____
 Description of Event: _____
 Signature: _____ Date: _____

Please Note: We request that residents of the Township to make reservations. To receive confirmation of your reservation, you must have this form and the attached release form filled out completely and submit to Skippack Township, 4089 Heckler Rd, P.O. Box 164, Skippack, PA 19474.

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

You may be asked to submit a copy of certificate of insurance, and sign a release form

- *By signing above, 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.*

For Township Use Only		
Permit #: _____	Date Issued: _____	Security Deposit: _____
Fee(s): _____	Total Collected: _____	
Staff Authorization: _____		
Date Inspection Completed: _____	Condition: _____	
Amount Returned: _____	Staff Signature: _____	