## Lower Saucon Township

3700 Old Philadelphia Pike • Bethlehem, PA 18015

Phone: 610-865-3291 • Fax: 610-867-3580

www.lowersaucontownship.org

Please print or type all information



## Township Use Only

Date Received: _	
Amount Paid: _	
Check #	Cash
Accepted By:	

## REQUEST FOR FIELD USE

Contact Person:			Phone:			
Organization:			 Fax:			
Address:			<del></del>			
Email:			Driver's Lice	ense #		
Township Organ	Township Organization Yes No		Township Resid	Township Resident (ID Required) Yes No		
		FIELD REQUEST	ED			
Town Hall Park		Polk Valley Par				
Ballfield* Multi-Purpose Field 1	* Multi-Purpose Field 2* Ba	asketball Court Ballfield 1* 1	Ballfield 2* Multi-Purpose Field 3	3* Multi-Purpose Field 4* Multi-Purpose Field 5*		
	ston Road Field Ballfield*	Steel City Ballfield*	Required for a	approval* Game Schedules Certificate of Insurance		
Day(s) Requested: Mon	Tues Wed Thu	rs Fri Sat Sun <u>]</u>	Type of Activity:			
Date(s): From	То	<u>Time:</u> From	То	Est. # of Users		
thereon, I hereby assume all risk of loss opportunity to inspect the Parks and Fahereby release, remise, and forever disc claims, demands, actions and causes of intend by signing this RELEASE AND property whether or not such claims are	s or injury to my person and proper acilities prior to my use and my use harge and hold harmless the TOW action of any sort, for any injury to WAIVER to release and waive all the based solely or in part on the cor	erty that may be sustained in connection to thereafter indicates my satisfaction with NSHIP OF LOWER SAUCON, its ages to my person, and/or damages to my pro	with such utilization, events, and a n the condition of the same. I, for nts, servants, employees, elected of perty arising from my use of the I for liability against Lower Saucon ents, servants, employees, elected	rticipated in the events and activities located therein and activities. I acknowledge that I have been given the myself, my heirs, administrators, executors and assigns, officials, and professional consultants of and from all Lower Saucon Township Park and Recreation Facilities. It Township for injury to my person and/or damage to m officials, and professional consultants.		
Date			Applicant's Signature			