



BOROUGH OF DOYLESTOWN

Bucks County, Pennsylvania

OFFICIALS

NONI WEST, Mayor
JACK OBRIEN, President
AMY POPKIN, Vice President
JOHN H. DAVIS, Manager
PHILIP C. EHLINGER, Deputy Manager

APPLICATION FOR USE OF DOYLESTOWN BOROUGH PARK FACILITIES

Facility: _____

Date Requested: _____

Requested Time: _____

Name & Address of Requestor: _____

Phone Number (required) _____ E-Mail (required) _____

Approximate Number of Guests: _____

Purpose for the Use of Facility: _____

FEE SCHEDULE

***Burpee Pavilion:**

Resident Fee: \$20/4-hour rental – paid _____ Non-Resident Fee: \$30/4-hour rental – paid _____

Times available: 8:00am-12:00pm, 12:00pm-4:00pm, 4:00pm-8:00pm

***Volleyball Courts at Fanny Chapman:** \$15/4-hour rental - paid _____

Times available: 8:00am-12:00pm, 12:00pm-4:00pm, 4:00pm-8:00pm

***Baseball/Softball Field:** \$15/4-hour rental - paid _____

Times available: 8:00am-12:00pm, 12:00pm-4:00pm, 4:00pm-8:00pm

***Note: Burpee Pavilion is available for rental from 4/1 - 10/1. Volleyball Courts & Ball Fields are dependent on availability.**

By signing below, I certify that I agree:

- A. To assume all risks in connection with the use of the facilities requested above and hereby release, absolve, indemnify, and hold harmless the Borough of Doylestown and its employees from any and all claims and all cost, damages, legal fees and any other expenses reasonably incurred which arise out of authorization to use the facilities of the Parks & Recreation Department. We further understand this request and we agree to be legally bound hereby.
- B. To adhere to the Rules and Regulations Ordinance for the Parks and Recreation facilities, a copy of which has been received.
- C. To notify the Borough of Doylestown in writing within twenty-four hours of any hazardous conditions which exist.

NOTE: When signed below, the above named individual is authorized to use the facilities indicated. Applicant should carry this form with him/her during the effective dates and times covered by this application.

Signature: _____

Date: _____