

# East Bradford Township

666 Copeland School Road  
West Chester, PA 19380-1822

610-436-5108

610-436-8652 FAX

## Application for Pavilion Usage

Monday—Friday

8:30 am to 4:30 pm

East Bradford Park Pavilion

DATE OF EVENT: \_\_\_\_\_

EVENT HOURS: \_\_\_\_\_

Rain Date: \_\_\_\_\_

All events must end by sunset. Min. 3 hrs. reservation—Max. 5 hrs.

Residents: \$12.50/ hr (for personal use, must live in East Bradford Township)

Non-Residents: \$25.00 / hr (businesses, organizations and non-profits, etc. within East Bradford or non-residents, businesses, organization and non-profits, etc. outside of East Bradford) No Refunds. Use of the Park by organizations or individuals for fundraising must be approved by the Parks & Recreation Board and the Board of Supervisors.

Please allow 60 days for approval or denial.

Type of function being held: \_\_\_\_\_

Number of people who will be attending \_\_\_\_\_ (Max. People 50)

Resident / non-resident is responsible for removal of all excess trash from the function. No bags of trash are to be left at the park. The Township does not have the ability to clean up trash on weekends or holidays. Motorized vehicles are not allowed in the park. **YOU CANNOT DRIVE UP TO THE PAVILION.**

If clean up is necessary by township staff it will be billed at \$50.00/hr.

I (we), assume full responsibility for any damages to Township equipment and property. Further more, I (we) understand that the Township will not be held liable for any injury or damage which may occur to me, my guests, and our property during our use of the park. I (we) acknowledge that I (we) have read and understand park regulations.

Is a caterer being used for food service? \_\_\_\_\_ (if "yes" then caterer is responsible for removing trash from event) Name of caterer and phone number: \_\_\_\_\_

Organizations must provide a copy of their Liability Insurance with the Township named as an additional insured.

Organization Name \_\_\_\_\_

Resident / Non-Resident Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Township to Complete

Fee: \_\_\_\_\_ hrs X \_\_\_\_\_ fee = \$ \_\_\_\_\_ Grand Total \$ \_\_\_\_\_

Paid Date \_\_\_\_\_ Check # \_\_\_\_\_

Approved by Township: \_\_\_\_\_ Date: \_\_\_\_\_

Application may be reviewed by:

P & R Board \_\_\_\_\_ West Chester Police \_\_\_\_\_ Board of Supervisors \_\_\_\_\_