



EAST BRADFORD TOWNSHIP

666 Copeland School Road
West Chester, PA 19380-1822
Phone: (610) 436-5108
Fax: (610) 436-8652

Application for Park Special Use Permit

Fees for Special use Permits: East Bradford Township Residents \$75. per day.
Non –residents/businesses/organizations and non-profits: \$150. per day.
Township personnel in attendance: \$75 per township employee per hour. (Determined by the Township)

Date of event: _____ Event hours: _____
Type of event: _____ Number of people attending: _____

Park / nature area requested:

- | | | |
|---|--|---|
| <input type="checkbox"/> East Bradford Park | <input type="checkbox"/> Ingram’s Mill Nature Area | <input type="checkbox"/> Shaw’s Bridge Park |
| <input type="checkbox"/> Copeland School Park | <input type="checkbox"/> Jane Reed Park | <input type="checkbox"/> Starr Farm Park |
| <input type="checkbox"/> Harmony Hill Nature Area | <input type="checkbox"/> Paradise Valley Nature Area | <input type="checkbox"/> Sugar’s Bridge Nature Area |

APPLICANT INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____
Emergency contact name: _____ Phone: _____
Is event being catered? Yes No Caterer name: _____ Phone: _____

ORGANIZATION INFORMATION (IF APPLICABLE)

Organizations must provide a copy of liability insurance with the Township named as an additional insured.

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____

RELEASE

I (we), the Applicant, assume full responsibility for any damages to Township equipment and/or property. 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 ([Chapter 22 of the Township Code](#)).

Signature: _____ Date: _____

Date received: _____
Application reviewed by: P&R Board: _____ WCPD: _____ BOS: _____
Liability insurance provided with Township named as an additional insured (if applicable)
Permit Fee : _____ Security deposit (if applicable): _____
Fee Paid: _____
Approved by Township: _____ Comments: _____