

# East Bradford Township

666 Copeland School Road  
West Chester, PA 19380-1822

610-436-5108  
610-436-8652 FAX

## Commercial/Non-Profit 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.**

**Non-Residents: \$25.00 / hr (for use by businesses, non-profits, schools, and / or for fund raising events). Review of this permit may take up to 45 days, please allow significant time for review.**

**No Refunds because of weather, please schedule a rain date.**

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

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

**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. (1 hr. min.)**

By signing below 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. **I (we) are a commercial/non-profit or organization, holding an event and have included a description of the event, time line and all pertinent information about the event, to be used during review of the application. If this is a fund raiser, copies of all flyers, advertisements, etc. should be included along with how the money will be used.**

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: \_\_\_\_\_

Person signing must be over 18 years of age.

Name of Responsible Party \_\_\_\_\_

Name of Entity \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_ permit will be returned via email

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 \_\_\_\_\_