



Athletic Field Rental Application 2019

SILVER SPRING TOWNSHIP, PA

Complete and return the application, schedule, and applicable fees to Silver Spring Township. Applications must be submitted at least 2 weeks in advance of the start date.

INTERNAL OFFICE USE (this box)
Deposit Due: _____
Field Fee Due: _____
Deposit Received On: _____
Field Fee Received On: _____
Notes: _____

GENERAL INFORMATION

Purpose of Reservation:
Applicant First & Last Name:
Organization's Name:
Mailing Address:
Daytime Phone: _____ Evening Phone: _____
Email:
<input type="checkbox"/> Civic/Non-Profit OR <input type="checkbox"/> For-Profit/Business
<input type="checkbox"/> Youth League OR <input type="checkbox"/> Adult League (18+)

STATS:

_____ % of players that reside in the Cumberland Valley School District

_____ Number of players that live in Silver Spring Township

_____ Total number of players in the league/organization

MAINTENANCE & EQUIPMENT

Maintenance must be coordinated in advance through the Parks & Recreation Department. Some examples include grooming, repairs, improvements. Please check all that apply to you or your league:

- Our league groom's infields
- Our league has storage facilities (or facility) in the park
- Our league lines fields
- Our league provides bases
- Our league provides or maintains: _____

Practice Request

Park(s)

Total Number of Field(s) Requested:

Preferred Field(s):

Estimated Attendance Per Field, Per Day:

PRACTICE SCHEDULE - Please provide your final schedule prior to the intended start date. Changes to schedules must be submitted in writing to the Parks & Recreation Department as far in advance as possible. Block scheduling is prohibited.

A. Recurring Schedule:

START DATE: _____ END DATE: _____

START DATE: _____ END DATE: _____

START DATE: _____ END DATE: _____

Repeats: Daily Weekly Monthly

Repeats on: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Time: _____ AM/PM End Time: _____ AM/PM

B. OR Single Date(s) Schedule:

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

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Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Attach a separate sheet if necessary.

INTERNAL USE: _____ practice fee total

Game/Camp Request (Tournaments are on the next page)

Park (s):

of Field(s) Requested:

Preferred Field(s):

Estimated Attendance Per Field, Per Day:

GAME SCHEDULE - Please provide your final schedule prior to the intended start date. Changes to schedules must be submitted in writing to the Parks & Recreation Department as far in advance as possible. Block scheduling is prohibited.

A. Recurring Schedule:

START DATE: _____ END DATE: _____

START DATE: _____ END DATE: _____

START DATE: _____ END DATE: _____

Repeats: Daily Weekly Monthly

Repeats on: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Time: _____ AM/PM End Time: _____ AM/PM

B. OR Single Date(s) Schedule:

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

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Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

Attach a separate sheet if necessary.

INTERNAL USE: _____ **game/camp fee total**

Tournament Request

Park(s):

of Field(s) Requested:

Preferred Field(s):

Estimated Attendance Per Field, Per Day:

TOURNAMENT SCHEDULE – Changes to tournament dates must be submitted in writing to the Parks & Recreation Department as far in advance as possible. Maintenance personnel, additional portable restrooms, and dumpsters may be needed for large tournaments. Call the Parks & Recreation Department to discuss tournament details 717-766-1657.

Single Date(s) Schedule:

Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
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Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM
Date: _____	Start Time: _____ AM/PM	End Time: _____ AM/PM

Attach a separate sheet if necessary. A map may be requested for tournaments bringing in vendors, large tents, lights, and other large equipment that may impact general park use.

INTERNAL USE: _____ tournament fee total

Restrooms & Trash

Additional restrooms and trash cans may be needed for large tournaments, due to the impact on general park use. Trash that does not fit in the waste cans must be disposed of in dumpsters. For those events needing more than 6 standard restroom units, the first one should be ADA and then every 7th unit shall be ADA. Use this as a guide.

Total Restrooms Being Delivered: _____ Standard _____ ADA Restroom Company Name: _____

Placement of restrooms and coordination of time for drop-off and pick-up must be coordinated with the Parks & Recreation Department/Public Works Department. A copy of the contract and insurance certificate for restroom services must be provided.

Vendors & Equipment (Lights/Tents)

A Certificate of Insurance (COI) is required for vendors selling food/beverage. The COI must list Silver Spring Township additional insured. Food/Beverage vendors cooking on-site, must have a fire extinguisher at their space. Generators should be secure and away from the general public.

VENDORS

	Food/Beverage	Sales/Business	Promotion/ Fundraising
Vendor/Organization: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor/Organization: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor/Organization: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor/Organization: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor/Organization: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor/Organization: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIGHTING AFTER HOURS

Parks close at sunset, however, any league wanting to play after park hours, must request written permission. If permission is granted, you will be asked to provide a lighting plan specifying the areas that will be lit, size of lights, and lighting levels. Levels must meet Township ordinances and ensure that spectators can safely walk to and from the facilities being open after park operating hours. A certificate of liability insurance is required and must be provided to the Township in advance. Call 717-766-1657 for more information.

INTERNAL USE: _____ **vendor fee total**

Motorized Vehicles such as golf carts, UTV's, ATV's

The applicant is responsible for equipment used by the league, in the park. A general liability policy must be provided, and include coverage for the equipment and the person(s) operating the equipment. Storage of vehicles is not permitted without written permission. Gas and oil cannot be stored in the park for extended periods of time. List all vehicles and operators below. Those operating equipment must have a valid Pennsylvania Driver's License and must be over the age of 18.

VEHICLES TOTAL: _____

List All Vehicles: _____

OPERATORS TOTAL: _____

Names of Operators: _____

Contact for Vehicles: _____ Phone: _____

CERTIFICATE OF INSURANCE

Once approved, the applicant must provide a Certificate of Insurance evidencing general liability coverage in an amount of not less than \$1,000,000 to the Township and shall name the Township as an additional insured and certificate holder. Coverage is required for those operating motorized vehicles and major equipment such as rentals, and those providing assistance with maintenance and upkeep of the fields. Proof of coverage is required in advance and a copy must be provided to Silver Spring Township for recordkeeping.

REQUEST CHECKLIST

- Security Deposit
- Rental Fees (at time of application or once approved)
- Once approved, provide Certificate of Insurance (COI) listing Silver Spring Township additional (see above section)
- Final Game & Practice Schedules Prior to Start of Season

Submit this application electronically or in person to:

Kristy Moore - kmoore@sstwp.org

Mail to: Silver Spring Township, Parks & Recreation, 8 Flowers Drive, Mechanicsburg, PA 17050

HOLD HARMLESS

I certify that the information that I have provided on this application is true and accurate to the best of my knowledge. If the schedules change, I will submit a revised application or additional information accordingly.

The undersigned agrees to comply with and be bound by all Silver Spring Township rules and regulations, which are expressly made part of the current Athletic Field Use Guidelines and this application, and accepts full responsibility for use of athletic fields, property, and persons involved in the use of athletic fields. The undersigned agrees to indemnify and hold harmless Silver Spring Township, its agents, officers, officials and employees from any and all liability, claims, actions, demands, damages and expenses, including, without limitation, reasonable attorney's fees incurred by or on behalf of any of them, arising out of injury or damage of any kind, to persons or property, in any way connected with participation as an Athletic Field User on Township property.

All information contained in this application is subject to public disclosure in accordance with the Pennsylvania State Public Disclosure Act.

Applicant's Name Printed: _____

Signature: _____

For questions, please contact Kristy Moore directly at 717-766-1657 or email kmoore@sstwp.org



SILVER SPRING TOWNSHIP, PARKS & RECREATION DEPARTMENT, 8 FLOWERS DRIVE, MECHANICSBURG, PA 17050