

Haverford Reserve Synthetic Turf Field Field Permit Application

Please sign and return

The undersigned requests the use of Township Property as indicated:

Haverford Reserve Synthetic Turf Field

Activity _____

Date(s) desired: _____

Day(s) of the week: _____

Time of day: _____ to _____

League: _____ **ages of players using this field permit:** _____ :

Total # of participants: _____ **Total # of Haverford Township participants** _____

Will there be any admission fee or fundraising money collected at the site? Yes _____ No _____

If Yes, by whom? _____ For what purpose? _____

Person responsible for scheduling _____ Phone _____ E-mail _____

Person responsible for parking: _____ Phone: _____ Email: _____

Name and position of applicant with organization _____

Address _____

Phone (h) _____ Phone(c) _____ E-mail _____

Signature _____ Date _____

Application Check List

The information on this checklist must be included with your application for use of Haverford Township Facilities.

Required Checklist	(Twp only)	Received
_____ Present year's game and practice schedule (if applicable)		_____
_____ List of current year's officers and names of emergency contact for facility problems		_____
_____ Most recent roster		_____
_____ Fee		_____

Haverford Reserve Synthetic Turf Field

Permit Fee Schedule

For use of Synthetic Turf Field and amenities

Haverford Township Organizations* (60%)

	Turf Field	Lights	Bathrooms
Volunteer coaches	\$10/\$15 hr begins Jan 2018	N/C	N/C
Paid coaches/employees	\$30/\$35 hr begins Jan 2018	\$20 hr	\$10 hr

Non- Haverford Township Organizations

	Turf Field	Lights	Bathrooms
Volunteer coaches	\$50/\$70 hr begins Jan 2018	\$20 hr	\$10 hr
Paid coaches/employees	\$60/\$95 hr begins Jan 2018	\$20 hr	\$10 hr

Please check the categories above and determine your group's facility fee.

Please circle one: Volunteer coach

Paid coach/employee

Please circle one: Township organization

Non- township organization

Total turf hours requested: _____ x _____ \$ _____ per hour = \$ _____

Total light hours requested: _____ x _____ \$ _____ per hour = \$ _____

Total bathroom hours requested: _____ x _____ \$ _____ per hour = \$ _____

Total amount enclosed: \$ _____

Check or cash must be submitted with this application. No permit will be issued without payment.

*Township organizations are any groups with 60% or more Haverford Township Residents

I verify that the above information is accurate. I am aware that false information will result in a loss of fee and field permit.

Signature Position with organization _____

Organization:

Field:

Day/Date	Timeslot	Coach/Team	Coach Cell / Email	# of participants	Practice (P)/ Game (G)