

**Middletown Township**  
**Request for Recreational Facilities**

1. Applicant or Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. Contact Person

Name/Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Contact Email: \_\_\_\_\_

4. Facility Requested

<u>Facility/Field</u>	<u>Dates Needed</u>	<u>Day(s) of Week</u>	<u>Time</u>
_____	_____ To _____	_____	_____ To _____
_____	_____ To _____	_____	_____ To _____
_____	_____ To _____	_____	_____ To _____

5. Activity: \_\_\_\_\_

Total Number of Participants in your organization:	_____
Number of Middletown Twp. Participants:	_____
Requesting Use of Snack Stand for additional fee? <small>Circle one</small>	YES      NO
Request specific date(s) to use a sound system (e.g. opening day) and note restricted use in the Township's Field Usage Policy.	Date 1: _____
	Date 2: _____
	Date 3: _____

6. It is understood that the applicant shall:

- a. Provide a certificate of insurance with Middletown Township, 3 Municipal Way, Langhorne, PA 19047 named as an additional insured.
- b. Save, defend, keep harmless, and indemnify the Township and its appointed and elected officials, officers, servants, agents, and employees from and against any and all attorney fees, charges, liability or exposure, however caused, resulting from or arising out of or in any way connected with the applicant's activities.
- c. Comply with all Township rules, regulations, resolutions, and ordinances governing the use of the recreational facilities.

Attest: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Print Name

(Print) Name & Title \_\_\_\_\_ Print Title

Please return completed form to:

**Middletown Township Recreation Department, 3 Municipal Way, Langhorne, PA 19047**

Date Received in office: \_\_\_\_\_ Phone 215.750.3890 Fax 215.750.3819