

# 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:** \_\_\_\_\_  
(If applicable)

**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 \_\_\_\_\_  
(If applicable)

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	\$20 hr	N/C	N/C
Paid coaches/employees	\$45 hr	N/C	N/C

### Non- Haverford Township Organizations

	Turf Field	Lights	Bathrooms
Volunteer coaches	\$95 hr	N/C	N/C
Paid coaches/employees	\$125 hr	N/C	N/C

*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