

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	_____

