

FACILITY/FIELD RESERVATION REQUEST & PERMIT

GENERAL INFORMATION

Group/Organization: _____
 Type of Event: _____
 Representative Name: _____ Phone #: _____
 Address: _____
 Twp of Residence: _____ Email address: _____

FACILITIES REQUESTED

Hidden Creek Park _____ Soccer (# of fields: _____)	
Day	Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Time	From (Mon-Fri): ____ a.m./p.m. to ____ a.m./p.m. From (Sat-Sun): ____ a.m./p.m. to ____ a.m./p.m.
Dates	Start Date: ____/____/____ End Date: ____/____/____
Other	_____
Paul Walters Park _____ Baseball (# of fields: _____)	
Day	Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Time	From (Mon-Fri): ____ a.m./p.m. to ____ a.m./p.m. From (Sat-Sun): ____ a.m./p.m. to ____ a.m./p.m.
Dates	Start Date: ____/____/____ End Date: ____/____/____
Other	_____
Pleasant View Park _____ Pavilion _____ Baseball _____ Basketball _____ _____ Soccer _____ Volleyball _____ Tennis _____	
Day	Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Time	From (Mon-Fri): ____ a.m./p.m. to ____ a.m./p.m. From (Sat-Sun): ____ a.m./p.m. to ____ a.m./p.m.
Dates	Start Date: ____/____/____ End Date: ____/____/____
Other	_____
Potteiger Fields _____ Baseball (# of fields: _____)	
Day	Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Time	From (Mon-Fri): ____ a.m./p.m. to ____ a.m./p.m. From (Sat-Sun): ____ a.m./p.m. to ____ a.m./p.m.
Dates	Start Date: ____/____/____ End Date: ____/____/____
Other	_____



Stony Ridge Park	_____ Baseball (# of fields: _____)	_____ Concession (also fill out a concession stand application)
	_____ Soccer (# of fields: _____)	_____ Pavilion
	_____ Multi-purpose(# of fields: _____)	

Day	Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Time	From (Mon-Fri): _____ a.m./p.m. to _____ a.m./p.m. From (Sat-Sun): _____ a.m./p.m. to _____ a.m./p.m.
Dates	Start Date: _____/_____/_____ End Date: _____/_____/_____
Other	_____

Willow Mill Park	_____ Pavilion
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Day	Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____
Time	From (Mon-Fri): _____ a.m./p.m. to _____ a.m./p.m. From (Sat-Sun): _____ a.m./p.m. to _____ a.m./p.m.
Dates	Start Date: _____/_____/_____ End Date: _____/_____/_____
Other	_____

SPECIAL NEEDS

TOURNAMENT INFORMATION

Estimated Number of Participants: _____

OTHER INFORMATION

In order for Silver Spring Township to acknowledge and honor your request, please sign this letter and return **ONE COPY** with your Rental fee within (7) days.

Checks made payable to:
Silver Spring Township 6475 Carlisle Pike Mechanicsburg, PA 17050
 Please enclose a separate security deposit check equal to the total of your rental, not to exceed \$100.

You may use available park facilities, but the park will remain open for public utilization.

You will be bound by the posted rules and regulations of the Silver Spring Township Park System. Please note that the facilities must be left in a clean and orderly condition. All picnic tables must be placed under the pavilion. Failure to do so may result in a monetary penalty or loss of future reservation privileges. Upon the determination of the township, the rental fee may be refunded in the case of an extreme weather emergency. A **50%** administrative fee will be assessed for cancellations occurring within **30 days of event**. Cancel **prior to 30 days** of event will incur a **25%** administrative fee.

COST

APPROVED

_____		_____	
Print Name of Person or Organization		Silver Spring Township Representative	
_____	_____	_____	_____
Signature	Date	Representative Signature	Date

