

**ROBESON TOWNSHIP BOARD OF SUPERVISORS
8 BOONETOWN ROAD
BIRDSBORO, PA 19508
PHONE (610)582-4636 FAX (610)582-0032**

To Whom It May Concern:

Attached is an application to rent the Gibraltar Park Facilities. Please fill in all pertinent information, being as complete as possible.

In addition to the completed application, a check or money order must be included in the amount of \$150.00 made payable to "Robeson Township." Should your application be rejected, you will be refunded. Also, an insurance certificate naming Robeson Township as an additional insured is required with your application in the amount no less than \$500,000.00 for organized groups. Families and individuals shall include a copy of their current homeowner's insurance policy. If you do not have insurance, a "Hold Harmless Agreement" must be filed with the Township.

Any incomplete application will be rejected should the above payment and insurance not be provided.

Park and Recreation Meeting Dates, as well as dates that the pavilion have been reserved, are posted on the Community Calendar located on the Township Website at www.RobesonTownship.com

You are free to use the facility all day, however, due to the demands for recreation facilities, the Park & Recreation Board reserves the right to schedule other events (i.e., baseball, softball).

PLEASE NOTE THE FOLLOWING:

ALL PAYMENTS ARE DUE AT TIME OF RESERVATION

**NO REFUNDS FOR ANY REASON INCLUDING WEATHER
CONDITIONS**

**CONSUMPTION OF ALCOHOLIC BEVERAGES
IS STRICTLY PROHIBITED.**

**ANY DOMESTIC ANIMAL ON PARK PROPERTY
IS STRICTLY PROHIBITED UNLESS MEDICALLY
NECESSARY AND MUST BE CLEANED UP AFTER.**

**FAILURE TO COMPLY WILL RESULT IN FINES, ARREST
AND REVOCATION OF PERMIT AND ANY FUTURE
REQUEST TO USE THE GIBRALTAR PARK FACILITIES.**

**ROBESON TOWNSHIP PARK & RECREATION BOARD
8 BOONETOWN ROAD
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PHONE (610)582-4636 FAX (610)582-0032**

GIBRALTAR PARK FACILITY PERMIT APPLICATION

1. Date & Time requested for facility _____
2. Name of organization / group _____
3. Number of guests expected _____
4. Is this function a fundraiser? _____ If yes, what is the specific activity? _____
5. Will your function utilize a concessionaire or caterer? _____

6. Information of individual filing for permit:

NAME: _____

ADDRESS: _____

PHONE #'S: _____

******* ALL APPLICANTS MUST READ THE FOLLOWING *****
PARAGRAPH AND PROVIDE SIGNATURE**

To the best of my knowledge the completed information is correct. I understand that any misrepresentation of this information may result in the denial and/or cancellation of this permit.

Signature Date

(PARK & RECREATION USE ONLY)

Date Application Received: _____ Fee Paid _____

Date Application Approved: _____

Application Approved By: _____

Park & Recreation Board

**ROBESON TOWNSHIP PARK & RECREATION
8 BOONETOWN ROAD
BIRDSBORO, PA 19508
PHONE (610)582-4636 FAX (610)582-0032**

HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS this _____ day of _____, 20__ that the undersigned, its heirs, administrators and assigns, do hereby agree to indemnify and hold harmless and defend Robeson Township, hereinafter referred to as "Township", its agents, servants and employees, officers, supervisors and directors, from any and all liability whatsoever, including attorney fees by reason of any injury to persons, including death at any time resulting therefrom, or property arising out of the use of the Gibraltar Park and/or the Municipal Field, Robeson Township, Berks County, Pennsylvania, whether such injuries to persons or damages to property are due or claim to be due to any passive negligence of the Township, its agents, servants and employees, officers and supervisors. It is further understood and agreed that the undersigned shall, at the option of the Township, defend the Township, its agents, servants and employees, officers, supervisors and directors with appropriate counsel and shall further bear all costs and expenses, including the expense of counsel, in the defense of any suit arising hereunder.

NAME OF GROUP OR INDIVIDUAL: _____

SIGNATURE OF REPRESENTATIVE: _____

DATE OF EVENT: _____