

**ANTRIM TOWNSHIP COMMUNITY PARK  
FIELD USE AND EVENT RESERVATION FORM**

**INSTRUCTIONS:**

- Complete the upper portion of this form – *All information is **REQUIRED** to process your request*
- Attach your group's certificate of insurance
- Submit the form to Antrim Township.

\*Make checks payable to "Antrim Township". Payment is due upon approval of your reservation or at a minimum of 10 days prior to the date of your event/activity unless otherwise indicated.

**Notice: Any damages to, or loss of Township property during, or as a result of, this event/activity will result in additional charges to you or your group/organization and loss of privileges to use park facilities in the future.**

Group/Organization \_\_\_\_\_  
Event/Activity \_\_\_\_\_ Anticipated Attendance \_\_\_\_\_  
Responsible Person \_\_\_\_\_ Email: \_\_\_\_\_  
Address : Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Facility/Facilities Requested:

☐ Soccer/Multi Use Field(s): **Field A** ☐ 225'X350' **Field E** ☐ or **F** ☐ 150'x300' **Field B** ☐ **C** ☐ or **D** ☐ 135'x225'

**CHECK FIELD REQUESTED**

Days of week M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S ☐ (CHECK days of week requested for season rate)

☐ Baseball/softball Field(s): Specify age group using field \_\_\_\_\_ **Field 1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ (CHECK)

Days of week M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S ☐ (CHECK days of week requested for season rate)

Other (please describe) \_\_\_\_\_

Green space (please describe) \_\_\_\_\_

Date(s) of Use \_\_\_\_\_ Time Begin \_\_\_\_\_ Time End \_\_\_\_\_

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE -**

Parks Director: Approved \_\_\_ Denied \_\_\_ N/A \_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Class: \_\_\_1 Individual/Family /Community Group/Organization - Resident(s) of Antrim Township

\_\_\_2 Individual/Family /Community Group/Organization – based outside of Antrim Township

Charges: \$ \_\_\_\_\_ Facilities Usage Fee

(\$ \_\_\_\_\_) Amount Paid with submission of this form

\$ \_\_\_\_\_ **Balance (due 10 days prior to your event)** Date Due \_\_\_\_\_ Date Paid \_\_\_\_\_

Park Director Notes:

Rev. 2/25/2014, 10/2021

Antrim Township ♦ P.O. Box 130 ♦ 10655 Antrim Church Road ♦ Greencastle, PA 17225 ♦ (717)597-3818