



Frankford Township Park Commission

Information pertaining to the "Application for Field and Facility Use Permit"

- All formalized groups/teams/clubs, etc. desiring to use a Frankford Township Park field must complete an Application for Field and Facility Use Permit.**
- All person/groups desiring to use the Frankford Park Pavilion for a formalized event must complete an Application for Field and Facility Use Permit.**
- One application per sport/activity per season: Multiple sports/activities cannot be combined on one form. If the request is for both spring and fall then a separate application is necessary for each season.**
- Applications will be accepted starting January 2nd (or the next business day when applicable) of each year for field/facility usage during that year only.**
- The application should be downloaded, completed thoroughly, printed and submitted, along with ALL OTHER required documents, to the Frankford Township Clerk either in person or by regular mail.**
- No application will be considered by the Park Commission without required accompanying documentation or until such documentation is provided.**
- Applications will be reviewed and voted on at the next scheduled meeting of the Frankford Township Park Commission following the date of submission.**
- Approved groups/teams will be allotted field time based on the following priority levels:**
 - 1. Frankford/Branchville recreation teams;**
 - 2. Civic/community based clubs/teams partially comprised of players from Frankford/Branchville;**
 - 3. Non-profit/charitable organizations;**
 - 4. Other groups/teams**
- Applicants will be notified once the application is reviewed by the Frankford Township Park Commission.**



Frankford Township Park Commission

Application for Field and Facility Use Permit

(SUBMISSION OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL)

Name of Organization (if app:)		Date of Application:	
Type of Organization: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Church <input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Other: _____ <input type="checkbox"/> Non-Profit/Charitable (attach copy of Certificate of Incorporation, mission statement, or bylaws, or IRS letter as applicable)			
Address:		City:	State:
Authorized Contact Name:		Position:	
Phone: (H)	(C)	(Other)	E-mail:
League Affiliation (if app.):		Website:	
No. of Participants:	No. of Participants that are Frankford/Branchville residents:	# of Teams:	Age Range(s) of participants:
Requested Duration: <input type="checkbox"/> Seasonal (Jan. –June) <input type="checkbox"/> Seasonal (July-Dec.) (Seasonal use- attach proposed game and practice sched.) <input type="checkbox"/> Single/Limited Date(s): _____ Time(s): _____			
Requesting Use of: <input type="checkbox"/> Field 1 (BB 60/90) <input type="checkbox"/> Field 2 (Soc-full) <input type="checkbox"/> Field 3 (BB 46/60) <input type="checkbox"/> Field 4 (Soc-reduced) <input type="checkbox"/> Field 5 (SB) <input type="checkbox"/> Field 6 (BB 46/60 or 50/70) <input type="checkbox"/> Field 7 (SB) <input type="checkbox"/> Field 8 (Soc-small) <input type="checkbox"/> Field 9 (Soc/LAX-Full) <input type="checkbox"/> Volleyball Court <input type="checkbox"/> Basketball Court <input type="checkbox"/> Pavilion (Purpose: _____)			

THE UNDERSIGNED shall secure and maintain throughout the period of use contemplated under this agreement, general liability insurance with policy limits of not less than \$1,000,000 per occurrence. The Township of Frankford, its elected and appointed officials, officers, agents and employees shall be named as additional insured's. Such policy or policies of insurance shall further provide that said policies shall be primary over any insurance held by TOWNSHIP OF FRANKFORD that may be applicable. A Certificate of Insurance containing all information required herein and the date(s) and type of use covered must attach to this application. The types and limits of insurance may be changed from time to time as determined by the Township of Frankford. The Frankford Township Park Commission may waive these requirements for activities sponsored by the Township or for any other activities when deemed appropriate.

Liability Insurance Policy Carrier:	Policy #:
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HOLD HARMLESS AGREEMENT: THE UNDERSIGNED assumes all risks incident to its operation on said grounds and facilities and agrees not to sue the Frankford Township Park Commission or the Township of Frankford for any injury to person or property occurring during the use of the lands and premises of the Frankford Township Park Commission. The undersigned further agrees to indemnify the Frankford Township Park Commission and the Township of Frankford and hold it harmless from any and all claim or claims brought against it by or on behalf of any person, firm or corporation based upon any act or omission or any alleged negligence of the undersigned to include reimbursement of any legal costs and fees incurred in defense of such claims. This Agreement is made in consideration of the issuance of a permit to the undersigned permitting its requested operations by the undersigned on lands and premises of the Frankford Township Park Commission, subject to all rules and regulations pertaining thereto. The undersigned understands that the Township of Frankford assumes no responsibility for injury or damage to persons or property related to any activities to be conducted on lands and premises of the Frankford Township Park Commission. The undersigned is aware that the Township of Frankford's insurance does not apply to groups and their members using recreational facilities. At the conclusion of each activity for which permission to use park facilities has been granted, the undersigned shall notify the Frankford Township Park Commission, in writing, of any damage to any field or facility that occurred during the approved use.

Signature of Applicant (Authorized Agent):	Date:
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For Commission Use only		
Date Received: _____	Date Reviewed: _____	
Action Taken: ___ Approved ___ Returned (Reason: _____) ___ Denied (Reason _____)		
Commission Chairman Signature _____	Date _____	Permit #: _____