UPPER DARBY TOWNSHIP <u>APPLICATION FOR USE OF RECREATION FACILITIES</u>

| Name of Organization | | | Date |
|---|---|--|--|
| The undersigned herby | makes application for the use | of: | |
| Name of Park or Recre | eation Facility | | |
| Specify part of facility t | o be used- Picnic area, buildin | g area, field area, etc. | |
| Date or Dates desired: | | | |
| Hours desired: | | Number to a issued for later than 10:00 p.m | |
| State specific purpose | of use- be complete | | |
| Alcoholic beverages are r Pony or animal rides are r Moon bounces, inflatables D.J., Loudspeakers and a List name, address and te (over 21) who will be pres | pe submitted before the issuing of a not permitted in any public area of the not permitted in any public area of sof any type are not permitted in a mplified music are not permitted in a mplified music are not permitted in elephone number of two responsible ent at the time the facilities reques dherence to the Department of Re Address | Upper Darby Township. Upper Darby Township. ny public area of Upper Darby Tow any public area of Upper Darby To e officials of your organization ted are being used and who will | |
| Name, position | Address | Email | Phone/Cell |
| Applicant, position Applications for pern | Address | Email Township Recreation faciliti | Phone/Cell ies <u>MUST</u> be submitted to the |
| • | re Services two(2) weeks pr | • | |
| Applications should I – | 100 Garr Upper Da 610-789- | ent of Leisure Services ett Road Rm 108-A arby, Pa 19082 3656/ Fax:610-789-3840 n@upperdarby.org | |