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1025 Paoli Pike • West Chester, PA 19380-4699
 610.696.5266 - Fax: 610.429.0616
 twp@westgoshen.org
 www.westgoshen.org

Application for Athletic Field Permit

FIELD REQUESTED WG Softball
 Purpose Girls softball
 Age Group 5-17

APPLICATION DATE 2/1/2018
 Date(s) of use 3-15-18 - 4-30-18
 Specific hours of use Dusk-Dawn

CONTACT PERSON

CHUCK OPPERMAN
 Name
829 FALCON LAKE
 Mailing Address
WEST CHESTER PA 19382
 City Zip Code
610 344 7543
 Day Phone Number
610 608 3411 CHUCKOPPMAN@10TWP.PA.GOV
 Cellular Phone Number Email

SPONSOR

WEST CHESTER GIRLS SOFTBALL
 Formal Team or League Name
P.O. BOX 2462
 Mailing Address
WEST CHESTER PA 19380
 City Zip Code
610 608 3411
 Day Phone Number

THE SPONSOR ASSUMES full responsibility for any damages to Township equipment or property. Furthermore, the Sponsor will indemnify and hold harmless the Township from all personal liabilities that are caused by or due to any acts or omissions of the sponsor and its members and guests. On behalf of the Sponsor, I acknowledge that I have the legal authority to sign on behalf of the sponsor.

President Emeritus Sponsor's Authorized Legal Officer/Title
[Signature] Officer's signature
610 761 0500 Day phone number

FIELD USE FEE (Please see back for fee worksheet): \$ 5000

- Certificate of Insurance (West Goshen Township listed as Certificate Holder)
- Release and indemnification form

607958 Receipt number
3-29-18 Date received

APPROVED PERMIT Keep a copy of this signed permit with you when using Township fields.

Date 4-2-18 By [Signature]
 Parks Superintendent