



LOWER PAXTON TOWNSHIP
PARKS & RECREATION DEPARTMENT
 425 PRINCE STREET, SUITE 170, HARRISBURG, PA 17109
 717-657-5600 www.LowerPaxtonParksandRec.com

For Office Use:
 Permit #: _____ Fee: \$ _____
 Liability Insurance Provided? _____
 Permit Issue Date: _____
 Director Initials: _____

2021 SPECIAL EVENT / TOURNAMENT PERMIT APPLICATION

Name of Event: _____

Event Description: _____

Event Day/Date (s): _____ Event Time: From _____ To _____

Park Location: _____ Estimated Attendance: _____

Event Sponsor: _____ For Profit / Non-profit

Event Representative Name: _____ Lower Paxton Twp. Resident: Yes / No

Address: _____ City/Zip: _____

Telephone: (Day) _____ (Evening) _____

Email Address: _____

Contact person on site during event time: _____ Cell #: _____

Liability Insurance: A signed certificate of general liability insurance naming Lower Paxton Township as additionally insured and carrying a minimum of \$1,000,000 per occurrence is required with application.

Event Application Fee: \$125.00 per day
Note: Additional applications and fees for park facility rentals may apply

Will any fields/ball courts/ pavilion be needed? ____ If yes, describe: _____

Will there be additional equipment such as entertainment systems, animals, carnival and water activities? ____ If yes, describe: _____

Will there be any food for sale or given for free? ____ If yes, describe: _____

Will there be any other goods or services for sale? ____ If yes, describe: _____

Please attach a sketch / drawing of the site layout and /or route map.

Return application payment, site layout, and proof of insurance to Lower Paxton Township Parks and Recreation Department, along with this completed form to apply for a permit. All requests must be received at least 60 days prior to the event date.

I certify that all information on this application is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____