



**SPECIAL EVENT APPLICATION**  
**EAST HEMPFIELD TOWNSHIP**  
 1700 Nissley Road - PO Box 128 - Landisville, PA 17538  
 Office: 717-898-3100 - www.easthempfield.org

Please print and fill out application **completely**. Failure to do so may delay approval.  
 If a question is not applicable to your request, simply put N/A.  
**This application must be submitted at least sixty (60) days prior to the event.**

SPONSORING ORGANIZATION: \_\_\_\_\_

APPLICANT/CONTACT: (Name) \_\_\_\_\_ E-mail \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Ph/Cell: \_\_\_\_\_

Please identify the contact person "on-site" the day of event. (Note: This person must be in attendance for the duration of the event and immediately available to East Hempfield Township Police of staff as needed).

NAME: \_\_\_\_\_ Cell: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_

TYPE OF EVENT: Run/Walk \* Bike Race \* Sporting Event/Tournament \* Fair/Festival \* Fundraiser

Other (Specify) \_\_\_\_\_

EVENT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE(S) REQUESTED: \_\_\_\_\_ ALTERNATE/RAIN DATE: \_\_\_\_\_

FIELD/COURT/PARK AREA REQUESTED: \_\_\_\_\_ (designate on map)

I hereby agree to abide by the rules and regulations as posted and attached for the use of Amos Herr Park facilities and agree to be responsible for the conduct and use of said facilities for the individuals I represent with my signature. I understand that future use of the facilities may be denied if my group or I fail to abide by said rules and regulations. I also agree to indemnify and hold harmless East Hempfield Township for any bodily injury and/or property damage resulting from the negligent actions of me and/or my organization or invited guests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An application fee of \$50 is required to cover staff request processing. Make Check Payable to "EAST HEMPFIELD TOWNSHIP" & submit with application. Any additional costs incurred by East Hempfield Township to provide services for an event (police coverage, set-up, clean-up, etc.) will be billed to the sponsoring organization.

**OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

50\$ Application Fee: PAID ---- WAIVED ---- NOT INCLUDED      Reservation Number \_\_\_\_\_

Event Set-up: Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Township Assistance requested (cones, barricades, trash cans, etc.): \_\_\_\_\_

Event Opens: Date: \_\_\_\_\_ Day of Week \_\_\_\_\_ Time: \_\_\_\_\_

Street Closing: Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Street(s) to be Closed: (Submit Route Map with application) \_\_\_\_\_

**\*\*Utilization of Twp roads requires completion of an Indemnification Form\*\***

**\*\*Utilization of State Roads requires a PennDOT permit\*\***

Traffic Control/Escort Start Time: \_\_\_\_\_ Type: EHTPD Fire Police Constables Other

Traffic Control provider: \_\_\_\_\_ Cell: \_\_\_\_\_

Road Race Service: \_\_\_\_\_ Cell: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ Number of Vehicles Expected: \_\_\_\_\_

**\*\*Parking for more than 200 people requires a parking plan including ingress/egress and traffic control\*\***

Food/Beverage Service: Y N - Must comply with all PA Dept of Ag regulations.

Public address system/amplified music: Y N Time restrictions may apply. Neighborhood notification is required.

Describe notification of the affected neighborhood(s): \_\_\_\_\_

Event Closes: Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Street Opening: Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Event Dismantle: Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

**ACTIVITY FEES (calculated by Township staff):**

(Personnel costs: Police costs range \$68-\$80/hour, Public Works costs range \$27-\$40/hour - depending if overtime is used. Consumables will be billed dependent on size of the event.)

Police coverage fee: \_\_\_\_\_ hour(s) @ \$ \_\_\_\_\_ per hour Police fee \$ \_\_\_\_\_

Township Personnel: \_\_\_\_\_ hour(s) @ \$ \_\_\_\_\_ per hour Personnel fee \$ \_\_\_\_\_

Facilities fee (if applicable): \_\_\_\_\_ hours(s) @ \$ \_\_\_\_\_ per hour Facility fee \$ \_\_\_\_\_

Equipment/Supplies (to be determined per event) \$ \_\_\_\_\_ Equipment fee \$ \_\_\_\_\_

Combined Total fee \$ \_\_\_\_\_

APPROVAL CONDITIONS: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_