

**Manor Township
Field Request Form**

Requesting Organization _____

Primary Contact Person _____

Address _____

Phone Number _____ e-mail _____

Secondary Contact Person _____

Address _____

Phone Number _____ e-mail _____

Facility Requested _____

Starting Date _____ Ending Date _____

Days and Times Requested

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Please attach certificate of insurance naming Manor Township as an additional insured party.

Please return forms to: Manor Township
950 West Fairway Drive
Lancaster, PA 17603
Attention: Mark Harris, Public Works Director