PLAINFIELD TOWNSHIP
BOARD OF SUPERVISORS
6292 Sullivan Trail, Nazareth, Pennsylvania 18064
Phone: 610-759-6944
Fax: 484-298-2041
www.plainfieldtownship.org

SPECIAL EVENT/ASSEMBLAGE APPLICATION FORM

Organization Name: _____
Contact Person: _____
Phone: _____ **Email:** _____
Mailing Address: _____

Date(s) Requested: _____
Time(s) Requested: _____

Event Name: _____

Actual Race Time (if applicable):

Start Time: _____ **End Time**: _____

Race Day Contact Name: _____
Cell Phone Number: _____

APPROXIMATE NUMBER OF ATTENDEES: _____

METHOD(S) OF TRAFFIC CONTROL*: _____

WRITTEN PROOF OF COORDINATION WITH SLATE BELT REGIONAL POLICE DEPARTMENT AND PLAINFIELD TOWNSHIP FIRE COMPANY PERSONNEL (IF APPLICANT IS UTILIZING ONE OR BOTH OF THESE ORGANIZATIONS FOR TRAFFIC CONTROL) IS REQUIRED AT TIME OF APPLICATION SUBMISSION. FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN AN IMMEDIATE DENIAL OF SPECIAL EVENT/ASSEMBAGE APPLICATION BY PLAINFIELD TOWNSHIP.

LIST ALL LOCAL TOWNSHIP ROADS INVOLVED IN THE SPECIAL EVENT/ASSEMBLAGE:

_____
_____
_____
_____

LIST ALL STATE ROADS INVOLVED IN THE SPECIAL EVENT/ASSEMBLAGE:

_____

_____

_____

_____

1. **IF LOCAL/STATE ROADS WILL BE CLOSED, PLEASE PROVIDE DETOUR PLAN.**
2. **PROOF OF PENNDOT SPECIAL EVENT PERMIT APPROVAL (FORM TE-300 PERMIT) MUST BE PROVIDED TO THE TOWNSHIP IF STATE ROADS ARE INVOLVED IN THE SPECIAL EVENT/ASSEMBLAGE.**

Indemnification:

In consideration of the permission by the Plainfield Township to assemble on Plainfield Township local roads for the above-referenced Special Event/Assemblage, the undersigned hereby agrees to protect, indemnify, hold harmless and defend Plainfield Township and each of its officials, employees, and agents from and against any and all damages, claims, demands or any legal liability whatsoever, including reimbursement for reasonable attorney's fees incurred by the Township, suits (legal, administrative or otherwise), and losses to Plainfield Township arising from or as a result of the acts, omissions, or both, of the undersigned, any organization he or she represents, and of any guest or invitees using Township facilities with respect to any bodily injury, death or property damage arising from the negligence, or other act or failure of the undersigned (or any organization he or she represents) during the entire duration of the event specified above.

Certificate of Insurance Requirements:

1. An original certificate of insurance certifying below coverage must be mailed or delivered to:

   Plainfield Township
   6292 Sullivan Trail
   Nazareth, PA 18064

2. A copy must be received four (4) business days PRIOR to the reservation date or the reservation may be cancelled.
3. The insurance provided must be written by a reputable insurance carrier maintaining an A.M. Best Rating of at least an "A" and licensed to do business in the Commonwealth of Pennsylvania.
4. A minimum of thirty (30) days' written notice of cancellation or reduction in insurance coverage must be provided to Plainfield Township.

COVERAGE TYPE AND LIMITS REQUIRED

- Commercial General Liability Insurance in the amount of $1 million ($1,000,000) each occurrence combined single limit for bodily injury and property damage liabilities and $2 million ($2,000,000) in the aggregate.
- Plainfield Township must be named as an "Additional Insured".
- Address to use on policy – Plainfield Township, 6292 Sullivan Trail, Nazareth, PA 18064

Authorization:

The undersigned agrees to be legally bound by all of the above-listed requirements and is legally authorized to make that representation of the organization he/she represents.

_____ _____

(Signature) **(Date)**

_____

(Print Name)

_____

(Organization)