

West Brandywine Township Parks

General Rules & Regulations

1. Park use is limited to daylight hours.
2. Illicit & illegal activities and alcoholic beverages are strictly prohibited.
3. Pets must be restrained and cleaned up after.
4. Children must be supervised by an adult.
5. Damage or destruction of township property will be subject to fines and/or prosecution.
6. Vehicles are not permitted on grass surfaces.
7. Fire must be restricted to grills for the sole purpose of cooking food.
8. Pavilions, ball fields, and amphitheater are available for public use by reservation (fees and/or insurance may be required).

West Brandywine Township Parks

Green Manor Park
1 Pavilion, Walking Trail

Cross Creek Park
Little League Ball Field, Playground

WBT Community Park (Main Township Park)
*Amphitheater, 1 Large Pavilion, 2 Small Pavilions, Walking Trail,
Playground, Soccer Fields, Baseball Fields, Volleyball Court,
Basketball Court*

Fee Schedule

(Four hour time limit)

	Amenities	Electric	Residents Fee	Non- Residents & Business Fee
Amphitheater		Yes (by request)	\$75	\$125
Pavilion 1	6 Picnic Tables & Grill	Yes	\$50	\$90
Amphitheater & Pavilion 1	6 Picnic Tables & Grill	Yes (by request)	\$100	\$175
Pavilion 2	2 Picnic Tables & Grill	Yes	\$30	\$55
Pavilion 3	4 Picnic Tables & Grill	No	\$40	\$75
Green Manor Pavilion 1	2 Picnic Tables	No	\$35	\$70

Soccer Field Permit for usage by Travel Teams and/or other organizations located outside the Township.

March through June (2 hours per week)	\$450.00
July through October (2 hours per week)	\$350.00

Insurance certificate required, rate is for the 4 month period, Township can close fields if deemed unplayable - fields will be **red flagged*

West Brandywine Township Parks

Soccer Field Use Application

Name of Person/Organization _____

Phone: _____

Address: _____

Email: _____

Soccer Field (*Select one*)

March through June

July through October

Date(s): _____

Time(s): _____

Approximate # of Attendees: _____ Fee: _____

Purpose of use: _____

Leagues **must attach copy of insurance*

***There is a 2 hour time limit on soccer field use.*

Office Use Only

Date received: _____

Date paid: _____

Date approved: _____

Amount Paid _____