

**WESTMORELAND HERITAGE TRAIL AND COAL & COKE TRAIL**  
**SPECIAL USE APPLICATION INSTRUCTIONS**

1. All requests must be filed on this form and must be signed by the Permittee. Permittee must be at least 18 years of age. ALL UNSIGNED APPLICATIONS WILL BE RETURNED UNPROCESSED.
2. Applications must be submitted at least two (2) full weeks in advance of the requested date and will be processed on a first-come, first-served basis.
3. **ENCLOSE A CERTIFICATE OF LIABILITY INSURANCE NAMING THE REGIONAL TRAIL CORPORATION AS ADDITIONAL INSURED. INSURANCE LIMITS ARE \$1,000,000 EACH OCCURRENCE, \$2,000,000 AGGREGATE.**
4. Return application to: Regional Trail Corporation  
Post Office Box 95  
West Newton, Pa. 15089-0095
5. Inquiries regarding your reservation should be directed to the Business Manager at 872-5586 Monday-Friday 11 a.m. - 4:00 p.m.
6. The Permittee is bound by all trail rules and regulations.
7. The Permittee hereby agrees to hold the Regional Trail Corp. harmless for any and all claims for damages or injuries to persons or property resulting from the violations of any aforementioned rules, regulations, or ordinances and will be responsible for the group's behavior and/or actions.
8. It is understood that minors will be provided with sufficient adult supervision.

**A DONATION OF \$1 PER PARTICIPANT WOULD BE GREATLY APPRECIATED.**

(DETACH AND RETAIN)

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(RETURN THIS PORTION ONLY)  
SPECIAL USE APPLICATION

NAME OF INDIVIDUAL OR GROUP \_\_\_\_\_  
 ACTIVITY \_\_\_\_\_  
 APPROX. NO. OF PARTICIPANTS: \_\_\_\_\_ DATE(S) \_\_\_\_\_  
 AREA: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 TIME(S) FROM: \_\_\_\_\_ TO \_\_\_\_\_ NO. OF ADULT LEADERS \_\_\_\_\_  
 NAME OF PERMITTEE: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

\*\*\* SPECIAL REQUESTS \*\*\* (Be Specific): \_\_\_\_\_  
\_\_\_\_\_

I have read and understand the reservation application instructions attached herewith.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_