

SHIPPINGPORT BOROUGH

PAVILION RESERVATION & CONTRACT

FACILITY REQUESTED _____ DAY _____ DATE _____

SPECIFIC HOURS _____ NUMBER EXPECTED _____

APPLICANT'S NAME _____ ORGANIZATION _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE _____ WORK PHONE _____

DRIVERS LICENSE NO. _____

ANY SPECIAL ACTIVITIES OR EQUIPMENT (EXAMPLE: TENTS, DELIVERY TRUCKS, FIRES, SOUND SYSTEMS, PIG ROAST, ETC.) _____

Borough Use only
DEPOSIT REFUND

Make Checks Payable to "Shippingport Borough"

Amount \$ _____ Deposit : \$ _____ Date Paid _____ Check No. _____

Check Number _____ Pavilion Fee: Amount \$ _____ Date Paid _____
Check No. _____

APPLICATION APPROVED _____ DATE _____

Issuing Agent

PLEASE READ CAREFULLY

The undersigned hereby makes application for the use of the above described facilities and agrees to abide by the rules and regulations in effect, to leave the facilities in good, proper condition, and report any damage done during the use of the facilities to the Borough of Shippingport Police Department within twenty-four (24) hours of departure. The applicant agrees to hold the Borough of Shippingport free and harmless from any liability of any nature.

I certify that I have received a copy of the condition of use refund policy and general rules for usage, and that I understand and agree to abide by them. I am aware that I will be sent a copy of any changes to these rules. I further understand that any expenses to the Borough of Shippingport related to damage of facilities or violation of rules may result in the withholding of security deposit and future permits.

Signature of Applicant

Date of Application