

**SOUTH STRABANE TOWNSHIP
PAVILION RENTAL REQUEST & AGREEMENT FORM**

DATE REQUESTED _____

THIS AGREEMENT IS MADE BETWEEN SOUTH STRABANE TOWNSHIP AND THE

RENTER _____ (PLEASE PRINT NAME)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CONTACT PERSON _____

PHONE (H) _____ **(W)** _____

TYPE OF EVENT _____ **NUMBER OF GUESTS** _____ *Event Time is from Dawn to Dusk*

PAVILION AT: (CIRCLE APPLICABLE FEE)	<u>SAT.&SUN.</u>	<u>WEEKDAY</u>
DRISCOLL PARK, 565 LOCUST AVENUE	\$ 40.00	\$20.00
BILLY BELL PARK, 100 MANSE STREET	\$125.00	\$50.00
COMMUNITY PARK, 750 FLORAL HILL DRIVE	\$100.00	\$50.00

AMOUNT DUE FOR PARK RENTAL: \$ _____ DATE RECEIVED _____ CK.NO. _____ CASH _____

\$75.00 DAMAGE DEPOSIT RECEIVED: \$ _____ DATE RECEIVED _____ CK.NO. _____ CASH _____

PAYMENT RECEIVED BY: _____ DATE DAMAGE DEPOSIT RETURNED: _____

THIS AGREEMENT MUST BE COMPLETED (14) DAYS IN ADVANCE OF EVENT.

APPLICANT AGREES TO ABIDE BY THE TERMS OF THE SOUTH STRABANE TOWNSHIP PAVILION RENTAL POLICY. (PROVIDED TO APPLICANT)

APPLICANT'S SIGNATURE

DATE

- **PLEASE SEND TWO SEPARATE CHECKS PAYABLE TO: SOUTH STRABANE TOWNSHIP. \$75.00 DAMAGE DEPOSIT CHECK WILL BE RETURNED IF NO DAMAGE OCCURS. (NO MONEY ORDERS)**
- **MAIL CHECKS AND FORM TO SOUTH STRABANE TOWNSHIP, 550 WASHINGTON ROAD, WASHINGTON, PA 15301**
- **KEY PICK-UP: FOR BILLY BELL PARK PAVILION, APPLICANT MUST PICK-UP KEY TO RESTROOMS AND KITCHEN AND KEY TO ELECTRIC BOX FOR DRISCOLL PARK ON FRIDAY PRECEDING EVENT AT MUNICIPAL BUILDING OFFICE, 550 WASHINGTON ROAD, WASHINGTON, PA 15301-9622. OFFICE HOURS: 8:30 A.M. TO 4:00 P.M. KEY TO BE RETURNED ON MONDAY FOLLOWING EVENT.**
- **APPLICANT IS RESPONSIBLE TO LOCK UP RESTROOMS AND KITCHEN AT BILLY BELL PARK PAVILION PRIOR TO LEAVING PREMISES.**