

PENN TOWNSHIP COMMISSIONERS

TELEPHONE
(724) 744-2171

2001 MUNICIPAL COURT
HARRISON CITY, PA. 15636
www.penntwp.org

FAX
(724) 744-2172

APPLICATION FOR USE OF PAVILION

Section 1: Applicant Information

Applicant Name: _____ Driver's License No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Event Information & Rates

Event Date: _____ Event Time: _____

Purpose of Use: _____

Pavilion Name: _____ Option: A B C D (circle one)

Pavilion Name	Penn Township Resident Fee		Non-Resident Fee	
	Weekday Rate (Mon-Thurs)	Weekend Rate (Fri-Sun)	Weekday Rate (Mon-Thurs)	Weekend Rate (Fri-Sun)
	A	B	C	D
REFUNDABLE SECURITY DEPOSIT* REQUIRED FOR ALL PAVILION RENTALS	\$50.00	\$50.00	\$100.00	\$100.00
General Forbes (near pond)	\$100.00	\$125.00	\$175.00	\$200.00
Bouquet (behind concession)	\$75.00	\$100.00	\$125.00	\$150.00
Carl Frye (above playground)	\$75.00	\$100.00	\$125.00	\$150.00
DiDomenico (above Fields 6/7)	\$75.00	\$100.00	\$125.00	\$150.00
Weaver (Level Green Park)	\$75.00	\$100.00	\$125.00	\$150.00
*Please provide a separate check for the security deposit! Checks are to be made payable to The Township of Penn.				

☐ **Ballfield Rental** (2-hour increment)
*Price with pavilion rental

\$60.00
\$30.00

Field No. _____
2-Hour Time Increment: _____

CANCELLATION/RESCHEDULING POLICY:

All pavilion rental cancellations must be received no later than 14 calendar days prior to the event date in order to receive a full refund of the pavilion rental fee. If the cancellation is received after that time, rental fees will be retained by the Township of Penn. The Township will attempt to reschedule pavilion rental dates based on availability, if request is made prior to 14 calendar days of the originally scheduled reservation date. Applicant will be responsible for any additional rental fees based on pavilion availability at the time of rescheduling.

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APPLICATION FOR USE OF PAVILION **TERMS OF AGREEMENT**

- Any person who does rent a pavilion shall be responsible for the cleaning of said pavilion and shall also be responsible for any damages done thereto. The person making the reservation shall be required to see that the pavilion is clean and that all garbage, waste, trash and litter is placed in appropriate trash bags or containers as deposited in the area designated by the Recreation Commission. In the event that the pavilion is not cleaned or that the surrounding areas of said pavilion are not cleaned and have trash, litter or rubbish deposited thereon, the depositor shall forfeit the deposit herein provided.
- Hours of pavilion use are specified as per ordinance – 7:00 AM to dusk.
- Any person renting a pavilion shall not remove picnic tables from the pavilion area.
- Any person renting the pavilion shall not offer for consumption or allow consumption or possession of alcoholic or intoxicating beverages.
- Any person renting the pavilion shall not allow music to be played at such a volume so as to disturb other individuals using the recreation area.

The undersigned hereby makes application for the use of the above described facility and agrees to abide by the rules and regulations in effect: to leave the facilities in good, proper condition; and to report any damage done during the use of the facility or facilities to the Penn Township Police within twenty-four hours of departure. The applicant further agrees to hold the Township of Penn free and harmless from the liability of any nature.

I further understand that any expenses to the Township related to damage of the park facilities or violation of the park ordinances will result in a deduction from the security deposit and may subject me to further fines and penalties.

The information I have provided is true and correct to the best of my knowledge. I understand that this permit can be revoked, and all fees forfeited, and my event terminated for falsification of information, or failing to comply with park rules or ordinances (OR 909-2016).

Signature of Applicant

Date

Issued By

Date

TOWNSHIP USE ONLY

Date: _____

Deposit Check #/Amount: _____

Check #/Amount: _____

Deposit Refund Date: _____