

Payment received:

Pavilion Rental Agreement

TOWNSHIP	
Name of Applicant:	Date of requested reservation:
Address:	Phone#
Email:	Pavilion/Park Requested:
Payment of NO	N-REFUNDABLE \$100 Rental Fee is required to hold reservation. Pay by cash, check or pay online by credit card.
days before your reservation payment when you return to Key access to the pavilion	posit of \$50 for the kitchen area will be collected when you pick up the key 1-2 business on. This payment is to be made by cash or check only. It makes it easier to refund the key after the event. and restrooms (if applicable) is granted ONLY for the date for your rental. It is days to return the key to the Township office or risk losing your security deposit.
 No alcoholic beverages Use ONLY Painters Ta Park hours are from day Pavilions are to be left of Children should not be Clean the kitchen area at Sweep pavilion floors. Remove all personal ite Comply with the key is REMOVE ALL TRAS 	upe to hang balloons, streamers, etc. went to dusk clean and ready for future use. left unsupervised. Parents are responsible for the conduct of their children. and remove all food from the refrigerator. ems from the pavilion.
AGREEMENT, executed this(hereinafter called the Township) a	day of, 20, between West Cocalico Township (hereinafter called the Renter).
The Township is willing to permit West Cocalico Township will acceorganizational parties. Organizatio request to the West Cocalico Townweek in advance of the scheduled of the reserved area. Any damage do Renter. The Renter will be responsing this rental agreement, you a	the Renter to utilize park pavilions subject to the following guidelines and restrictions: opt reservations for the use of the park pavilions on a rental basis for private and ms wishing to use a park for a fundraiser must get prior approval by submitting a written aship Manager. Renters must complete the necessary forms and pay rental fees one function date. The Renter shall not deface or damage any structure or landscaping in ne in the reserved area during the reserved time shall be presumed to be caused by the sible for reimbursing the Township such sums necessary to repair the damage. By are agreeing to hold the Township and designated officers harmless from liability or so or deaths associated with Renter's use of the Township facilities.
Renter signature	Date
	Make checks payable to: West Cocalico Township
Payments can be ma	ailed to: West Cocalico Township, P.O. Box 244, Reinholds, PA 17569
	er or should an emergency arise, and you don't use your designated date of rental, given. You may choose another rental date by calling the Township Office at (717) 336-8720 to reschedule.
	OFFICE USE ONLY

 \Box Cash \Box Check \Box CC

Date:_____