

LOWER ALLEN COMMUNITY PARK BARN/PAVILVION RENTAL

Check one -	<input type="checkbox"/> Upper Barn <input type="checkbox"/> Lower Barn <input type="checkbox"/> Both - Barn <input type="checkbox"/> Gazebo	<input type="checkbox"/> Upper Pavilion <input type="checkbox"/> Lower Pavilion <input type="checkbox"/> Fernlawn Pavilion <input type="checkbox"/> Tot Lot Pavilion <input type="checkbox"/> Keystone Pavilion
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APPLICANT - (must attend event)	Security Deposit Refund Check - mail to:
Name:	Name:
Phone #:	Address:
Email:	Phone #:
Address:	
Organization (if applicable):	
LA Twp Resident: Yes - <input type="checkbox"/> No - <input type="checkbox"/>	

Event Date:	Type of Event:
Please Check Just One: Half Day (<5 hours) <input type="checkbox"/>	Full Day (>5 Hours) <input type="checkbox"/>
Event Setup Start Time:	Event Start Time:
Event End Time:	Event Clean Up End Time:
Serving Alcohol: Yes - <input type="checkbox"/> No - <input type="checkbox"/>	<i>* Renting either the Barn and/or a Pavilion</i>
CSO Time Frame:	Expected Event Attendance:
Disc Jockey: Yes - <input type="checkbox"/> No - <input type="checkbox"/>	Other Sounds System: Yes - <input type="checkbox"/> No - <input type="checkbox"/>
Providing large games of chance (proof of insurance is required): Yes - <input type="checkbox"/> No - <input type="checkbox"/>	
Cleaning Fee: Yes - <input type="checkbox"/> No - <input type="checkbox"/> <i>*This fee is paid in advance and cannot be taken out of Security Deposit</i>	

RENTAL FEES & DEPOSITS

Rental Fee(s): \$	
Security Deposit: \$	<i>*if renting the barn</i>
Alcohol Deposit: \$	<i>*\$140 additional if having alcohol</i>
Using the Gazebo: \$	<i>*if renting the barn</i>
Cleaning Fee: \$	<i>*if renting the barn</i>
TOTAL DUE: \$	

I have read and understand the rules and regulations governing the use of the "Barn" at the Lower Allen Community Park and I agree to comply with all the requirements as stated. I agree to assume all responsibility for any damages incurred beyond normal wear and tear and also assume all liability for personal damages or injuries incurred through use of the facility and relieve Lower Allen Township and its officials of any responsibility for such activities.

Applicant Signature:	Date:
Printed Name:	

For Office Use Only:			
Rental Approved _____	Rental Disapproved _____		
Security Deposit Received - Date _____	Amount _____	Check# _____	
Rental Received - Date _____	Amount _____	Check# _____	
Security Deposit Returned Date _____	Amount _____		