

SANDRA S. MOSER COMMUNITY ROOM RENTAL APPLICATION

Name of Individual or Organization

Reservation Date

Address

Contact Person

City

State

Zip

Contact Person Telephone Number

a.m./p.m. to a.m./p.m.
Hours of Intended Use

of Persons Attending

I have read the attached guidelines and rules regarding use of the Sandra S. Moser Community Room and agree to comply with them as well as convey them to the event attendees. Our Certificate of Insurance accompanies this application (if applicable).

Signature

Today's Date

Print Name

Intended Use/Type of Event

NOTE: Please pick up the key at the Township Office one day prior to the event or before close of business at 4:00 p.m. on Friday. The key must be returned the first business day after the event. Township Office hours are Monday through Friday, 8:00 a.m. to 4:00 p.m.

FOR OFFICE USE ONLY

Date deposit received

Deposit Received By

Cash/Check #
Payment Type Received