

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 at least one day prior to the event or before the 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. ******No Alcoholic Beverages or Controlled Substances are Permitted on the Premises. **** In the event of an Emergency, please contact Brian Mohr at 610-721-0696.**

FOR OFFICE USE ONLY	
_____ Date Deposit Received	_____ Deposit Received By
_____ Cash/Check # Payment Type Received	