

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

Residents: \$150.00 with \$90.00 deposit refunded within 30 days if terms are met.
 Non-Resident: \$175.00 with \$100.00 deposit refunded within 30 days if terms are met.
 Committee Members: \$100.00 with \$60.00 deposit refunded within 30 days if terms are met.
(Please note: This is one time per year per family at this rate.)
 Meetings: \$75.00 with \$50.00 deposit refunded within 30 days if terms are met.
(This does not include use of facilities except for coffee and light refreshments).
 Above rates are for four (4) hours, after that, a \$15.00 per hour fee will be charged.

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	