

**CAERNARVON TOWNSHIP  
RENTAL APPLICATION**

Name of Group/Individual \_\_\_\_\_  
Contact Person (if group) \_\_\_\_\_  
Address of Group/Individual \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Facility Requested \_\_\_\_\_ Drivers License# \_\_\_\_\_  
Type of Event \_\_\_\_\_  
Date of Rental \_\_\_\_\_ Time of use \_\_\_\_\_ # Anticipated \_\_\_\_\_

**TOTAL OF ALL SOCIAL HALL FEES FOR THIS AGREEMENT:**

Reservation: (non refundable) \$50.00  
Damage Deposit \$200.00 refundable  
Janitorial: \$ 60.00 (\$75.00 with Kitchen)

**Rental Fees:**

Residents: Hourly	\$ 50.00	Non-Residents: Hourly	\$ 65.00
1/2 Day (4 Hrs)	\$ 200.00	1/2 Day (4 Hrs)	\$ 260.00
All Day (8+ Hrs)	\$ 400.00	All Day (8+ Hrs)	\$ 520.00
		<b>TOTAL: \$</b>	_____

(Please make checks payable to "Caernarvon Township")

**Deposit:**

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

**Remaining Balance:**

Due: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_

Date Balance Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

**ALL APPLICANTS MUST READ THE FOLLOWING PARAGRAPH AND PROVIDE THEIR SIGNATURE.**

I have read the above, and hereby agree to the Rules and Guidelines "Policy" and initialed where indicated; I understand that any misrepresentation of this information may result in the denial and/or cancellation of this permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Revised: 01/14/2019)

**NON-PROFIT  
RENTAL APPLICATION**

Name of Group/Individual \_\_\_\_\_  
Contact Person (if group) \_\_\_\_\_  
Address of Group/Individual \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Facility Requested \_\_\_\_\_ Drivers License# \_\_\_\_\_  
Type of Event \_\_\_\_\_  
Date of Rental \_\_\_\_\_ Time of use \_\_\_\_\_ # Anticipated \_\_\_\_\_

**TOTAL OF ALL SOCIAL FEES FOR THIS AGREEMENT:**

Damage Deposit                      \$200.00 refundable (may be waived at supervisors discretion.)

Janitorial:                              \$ 60.00 (\$75.00) with Kitchen  
Janitorial fee for every meeting payable 5 days before meeting.

**Certificate of insurance required** \_\_\_\_\_

**Waiver of Liability and Hold Harmless Agreement required** \_\_\_\_\_

**Application** \_\_\_\_\_

**Damage deposit** \_\_\_\_\_

**Janitorial fee 60.00 x #of months needed for current year** \_\_\_\_\_

(Please make checks payable to "Caernarvon Township")

Deposit:

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Remaining Balance:

Due: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_

Date Balance Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

ALL APPLICANTS MUST READ THE FOLLOWING PARAGRAPH AND PROVIDE THEIR SIGNATURE.

I have read the above, and hereby agree to the Rules and Guidelines "Policy" and initialed where indicated; I understand that any misrepresentation of this information may result in the denial and/or cancellation of this permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date