

CAERNARVON TOWNSHIP
BERKS COUNTY, PENNSYLVANIA
Parks and Recreation Department
P. O. Box 294
3226 Main Street
Morgantown, PA 19543

Telephone: 610-286-1010
Fax: 610-286-1001
www.caernarvon.org

FACILITY USAGE PERMIT

Name of Group/Individual _____

Contact Person (if group) _____

Address of Group/Individual _____

Home/Cell Phone _____ Work Phone _____

Facility Requested _____

Type of Event _____

Date Requested _____ Time of Use _____ # Anticipated _____

Check One:

Certificate of Insurance _____ (Must supply copy with permit application)

Hold Harmless Agreement _____

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

To the best of my knowledge, the completed information is correct. I understand that any misrepresentation of this information may result in the denial and/or cancellation of this permit.

Signature

Date

For Office Use Only:

Fee Collected _____ Cash _____ Check No _____ Date Pd _____