

**CAERNARVON TOWNSHIP
BERKS COUNTY, PENNSYLVANIA**

**3307 Main Street
P. O. Box 294
Morgantown, PA 19543**

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

TOWNSHIP FACILITIES RENTAL APPLICATION

Name of Group/Individual _____

Contact Person (if group) _____

Address of Group/Individual _____

Home/Cell Phone _____ Work Phone _____

Facility Requested _____ Driver's Lic./ID _____

Type of Event _____

Date Requested _____ Time of Use _____ # Anticipated _____

Certificate of Insurance _____ (Must supply copy prior to event)

Policy Statement _____ (Must initial and sign)

Hold Harmless Agreement _____ (Must initial and sign)
(if applicable for park or ball fields)

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

By executing this application, I/We the Applicant(s) acknowledge my/our obligations hereunder and further agree that this application along with the Policy shall become a binding contract. 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 application.

Signature Date

For Office Use Only:

Date Received _____ Date Approved/Disapproved _____ Approved
By _____

Fee Collected _____ Cash _____ Check No _____ Date Paid _____

Concession/Vendor/Caterer _____ Approved: Yes No

Other Information/Conditions _____