Jackson Township Recreation Board

60 North Ramona Road Myerstown, PA 17067

Phone: 717.866.4771 Fax: 717.866.2159 Email: jacksontwp@comcast.net

Jackson Township Pavilion Reservation Statement of Agreement

Request is for <u>PAVILION RENTAL</u> use only.

(Authorized township recreational programs have priority for <u>field</u> use. At other times, field use is available on a first-come, first-serve basis.

- -- The cost to reserve and use the pavilion is \$50.00. A check should be made payable to: "Jackson Township Pavilion".
- -- Parking is limited to common parking areas. Please do not drive onto grass or walking areas.
- -- Please do not put tape, tacks, etc. on the posts, walls, doors, ceilings or any other part of the structure.
- -- Smoking is not allowed as the parks are part of the "Young Lungs At Play" program.
- -- Alcoholic beverages are not permitted anywhere in the parks. Individuals with alcoholic beverages are subject to a fine and immediate eviction.
- -- Cancellations should be made at least 2 weeks before the event to allow others the opportunity of using the pavilion.
- -- Use of concession stands are prohibited.
- -- All parks close at dusk.

It is the responsibility of the individual reserving the pavilion to insure that the premise is left in at least the same condition of cleanliness as it was before entering. This includes, but not limited to:

- -- Placing trash in the provided containers.
- -- Sweeping, mopping or cleaning any excessive dirt, litter, or spills.
- -- Removing all decorations.
- -- Returning benches/tables and other equipment to their original location.
- -- Closing and locking all windows (where applicable).
- -- Turning off all lights (where applicable).

Jackson Township Officers and Recreational Committee members reserve the right to enter the building at any time during the event and reserve the right to end the agreement immediately due to the abuse of any of the above items listed in this Statement of Agreement.

THE APPLICA	NT AGREES T) INDEMNIF	Y AND SA	VE HARML	ESS JACKSO	ON TOWNSHIP)
AGAINST ALL	COSTS, ACTIO	ONS, CLAIM	S AND DE	MANDS, W	HATSOEVER	THAT MAY	
RESULT FROM	M THE ACTIVIT	IES OF THIS	S EVENT.	QUESTION	IS SHOULD E	BE DIRECTED	TO
KEITH MILLER	R @ 717-468-02	09.					

	- Date	
Signature of Applicant agreeing to above	· · · · · · · · · · · · · · · · · · ·	

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<u>A rental fee of \$50.00 must accompany this application.</u> Checks are to be made payable to: "Jackson Township – Pavilion Rental" and delivered to the Township Building.

Name:			
Address:			
Phone: Home:	Work:	Email:	
Pavilion to be reserved: Jackson Meadows		eational Park	Fairlane Avenue
Date of Use:	Time from: _	to:	Estimated attendance:
Purpose (be specific):			
Date issued			
	g the facility. The unders park.	signed also agrees to	damage or breach of the terms of this comply with all posted rules and
	on requesting use)	nd demands whatso	ify and save harmless Jackson ever that may result from the activities
·		(Orga	nization's name)
pursuant to the agreement with	h Jackson Township pro	viding for the use of	f the pavilion.
Signature:			Date:
Township Representative's Si	gnature:		Date