

Full Amount Due By: _____ Call on _____ for access code.

**FAIRVIEW TOWNSHIP
FACILITY RESERVATION APPLICATION
For 340 Lewisberry Road
New Cumberland, PA 17070**

Today's Date _____

All groups/persons requesting use of facilities must provide the name and telephone number of a local contact person who will assume responsibility for administration of the activity and be available during the scheduled activity.

Date(s) _____ Time(s) (include setup and cleanup) _____

Name/GroupName _____

Address _____

Phone: Day _____ Evening _____ E-Mail _____

Describe the activity in detail _____

Will you need to use the stove, oven, and/or warm oven for your function? Yes No

Will this activity include consumption of Alcoholic beverages? Yes No

*(If yes, there will be a Cleaning Deposit of \$200.00. This deposit will not be returned if there is excessive clean-up and/or repair of any damage to property. Alcoholic beverages must be consumed inside the building. In the event no application is made for the consumption of alcoholic beverages and alcoholic beverages are found, a fine of up to \$300.00 will be assessed to the person or persons whose signature appears on the application form.)

Number of persons expected to attend (may not exceed 134) _____

Will this activity generate revenue? Yes No Are you a resident of Fairview Township? Yes No

Does this activity require any special services or equipment? (Fees may be charged for use of some equipment and services)

Other _____

Does this activity include plans for concessions, vendors, rented equipment, or caterers? Yes No

*(If yes, please give details below, prior approval is necessary)

****Please note there is absolutely NO SMOKING INSIDE THE BUILDING****

I/We have read the guidelines regarding use of Township Facilities and agree to assume responsibility/liability for observance of these regulations. I/We shall agree to assume all responsibility/liability for any damages incurred beyond normal wear and tear and I/we also assume all responsibility/liability for personal damages or injuries incurred through use of the facility and relieve Fairview Township and its officials of any responsibilities for such activities. I/We understand that a portion of the rental fee may be non-refundable in case of cancellation, property damage, or the requirement of more than customary cleaning.

Signature _____

Date _____

**Please Return Reservation Request and Reservation Fee to:
Fairview Township-C/O Tammy Jones
599 Lewisberry Road, New Cumberland, PA 17070
(717)-901-5286**