



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

PAVILION RENTAL APPLICATION

APPLICANT NAME: _____

NAME OF REPRESENTATIVE (IF GROUP): _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

PAVILION REQUESTED (PLEASE CHECK) AUTUMN MEADOW: _____ MUNICIPAL LANE: _____

FOR THE PURPOSE OF: _____

DAY(S) REQUESTED: _____

SPECIFIC HOURS: _____

(Must state specific hours (beginning and ending times))

NO. OF PARTICIPANTS: _____

WILL THERE BE MUSIC OR ENTERTAINMENT? YES: _____ NO: _____

a. Township & Non-Township Resident

i. Rental Fee \$60.00 Per Day

b. Non-Profit Organization

(Must provide copy of 501(c)3 documentation and Certificate of Insurance)

i. Rental Fee NO FEE

PAVILION CONDITIONS FOR USE

1. ALL CLUBS, FUNDRAISERS, GROUPS, ORGANIZATIONS AND SPECIAL EVENT RENTALS MUST PROVIDE PROOF OF LIABILITY INSURANCE WITH A MINIMUM GENERAL LIABILITY POLICY OF \$1,000,000.00.
2. ALL PERSONS WILL ABIDE BY ALL PARKS & RECREATION RULES & REGULATIONS.
3. ALL GROUPS SHALL BE REQUIRED TO CLEAN UP ANY/ALL DEBRIS AFTER THE EVENT.
4. ALL PARKING MUST BE IN THE PARKING LOT. NO VEHICLES ARE ALLOWED TO PARK ON GRASSY AREAS, GRAVEL ROADWAYS, BEHIND BACKSTOPS OR ALONG THE SIDE OF THE FIELDS OR PAVILION.
5. THE TOWNSHIP RESERVES THE RIGHT TO APPROVE, DENY OR DISCONTINUE THE USE OF ANY FACILITIES BY ANY GROUP.
6. PLEASE BE ADVISED SPORTING PRACTICES AND GAMES ARE SCHEDULED FOR EVENINGS AND WEEKENDS FROM SPRING TO FALL.

I have read and understand these rules and regulations regarding my request for a rental with Halfmoon Township.

Signature: _____

Date: _____

STAFF USE ONLY: RECEIVED BY: _____ DATE: _____