

# SHIPPINGPORT BOROUGH

## PAVILION RESERVATION & CONTRACT

FACILITY REQUESTED \_\_\_\_\_ DAY \_\_\_\_\_ DATE \_\_\_\_\_

SPECIFIC HOURS \_\_\_\_\_ NUMBER EXPECTED \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ ORGANIZATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DRIVERS LICENSE NO. \_\_\_\_\_

ANY SPECIAL ACTIVITIES OR EQUIPMENT (EXAMPLE: TENTS, DELIVERY TRUCKS, FIRES, SOUND SYSTEMS, PIG ROAST, ETC.) \_\_\_\_\_  
\_\_\_\_\_

**Borough Use only**  
DEPOSIT REFUND

Make Checks Payable to "Shippingport Borough"

Amount \$ \_\_\_\_\_ Deposit : \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_

Check Number \_\_\_\_\_ Pavilion Fee: Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_  
Check No. \_\_\_\_\_

APPLICATION APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

**Issuing Agent**

### PLEASE READ CAREFULLY

The undersigned hereby makes application for the use of the above described facilities and agrees to abide by the rules and regulations in effect, to leave the facilities in good, proper condition, and report any damage done during the use of the facilities to the Borough of Shippingport Police Department within twenty-four (24) hours of departure. The applicant agrees to hold the Borough of Shippingport free and harmless from any liability of any nature.

I certify that I have received a copy of the condition of use refund policy and general rules for usage, and that I understand and agree to abide by them. I am aware that I will be sent a copy of any changes to these rules. I further understand that any expenses to the Borough of Shippingport related to damage of facilities or violation of rules may result in the withholding of security deposit and future permits.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date of Application*