## MINE HILL TOWNSHIP USE OF FACILITY REQUEST FORM

## PRIMARY CONTACT

Name:				
Address:				
Phone: Day: Nig				
E-mail Address:				
GROUP, ORGANIZATION OR EVENT NAME Name:				
Address:				
Phone: Day: Nig				
E-mail Address:				
Multiple Dates Request If you have multiple dates needed for your event or program	m please use page 3 for your request.			
· · · · · · · · · · · · · · · · · · ·	OR First Available Room Recreation Field			
Date Requested:	<del>-</del>			
Start Time: : AM/PM End Time: :	AM/PM			
Estimated number of participants:				
Use of Township Facilities: The Township of Mine Hill will permit the use of the Township requested in writing and has been approved.	hip facilities when such permission has been			
In the event the Mayor or Schedule Coordinator may refuse to grant the use of a Township facility whenever, in their judgment, there is a good reason why permission should be refused.				
All state and local fire, health, safety and police regulations will be enforced.				
This form, filled in (front and back), along with Certificate of Insurance Liability and hold harmless agreement should be submitted to the Director of Community Programs at least 3 weeks in advance of the event.				
On behalf of the organization listed above, we agree to abid regulations.	de by the Mine Hill Township rules and			
Signature:	Date:			

## **HOLD HARMLESS AGREEMENT**

Between Mine Hill Township and			
	(Organization Name)		
(Organization Address)			
(Organization Phone)	(Organization Type ie: non-profit, corp, etc.)		
In consideration of the use of			
(Fa	acility)		
On	for the purpose of		
(Date or Dates)			
(Purpose of Event or Title)			
	nnify and hold Mine Hill Township and its officers, agents, and all liability, claims, costs and attorney's fees arising out of the above		
losses or damages resulting in th attending the event herein refer	nless also requires that Mine Hill Township is indemnified from many ne acts or omissions from any guest, participant, visitor or other persor red to. Unless waived in writing by Mine Hill Township, I agree to e specifically naming the		
	(Organization)		
	ng general liability, bodily injury and property damage coverage with ot less than \$		
	nship to accept this Hold Harmless Agreement, the following nded use of the premises is furnished:		
a. Total number of per	sons attending this event is		
Signed this day	of,		
	rganization)		
(Witness Signature)	(Organization Authorized Signature)		
Assessed Def	FOR OFFICE USE ONLY		
Approved Date:	_ Additional Comments:		
CI Received Date:			

## **Multiple Dates Request**

Date	Start Time	End Time	Location (Please only check off ONE)
			Civic Center Youth Room (Small)
			Civic Center Senior Room (Large)
			<b>Or</b> First Available Room for date requested
			Recreation Field
			Civic Center Youth Room (Small)
			Civic Center Senior Room (Large)
			<b>Or</b> First Available Room for date requested
			Recreation Field
			Civic Center Youth Room (Small)
			Civic Center Senior Room (Large)
			<b>Or</b> First Available Room for date requested
			Recreation Field
			Civic Center Youth Room (Small)
			Civic Center Senior Room (Large)
			Or First Available Room for date requested
			Recreation Field
			Civic Center Youth Room (Small)
			Civic Center Senior Room (Large)
			Or First Available Room for date requested
			Recreation Field
			Civic Center Youth Room (Small)
			Civic Center Senior Room (Large)
			Or First Available Room for date requested
			Recreation Field

<sup>\*</sup>Please make multiple copies of this page if additional dates are requested\*