

 ELIZABETH TOWNSHIP COMMUNITY CENTER RENTAL APPLICATION

 522 ROCK RUN ROAD ♦ ELIZABETH, PA 15037 ♦ 412-751-2880 ♦ 412-751-6002 (FAX)

 [www.elizabethtownshippa.com](http://www.elizabethtownshippa.com) Hyper-reach: text “alerts” to 412.387.5626

Date of Application: Date(s) Requested:

Facility Requested: Bldg. 1 Bldg. 2 \_\_\_\_ Bldg. 3 \_\_\_\_ Entire Complex \_\_\_\_\_

Type of Event/Purpose:

Expected Attendance: Start Time: End Time:

RESPONSIBLE PARTY:

Name of Family/Group

Name of Responsible Party

E-mail Address

Address Zip

Phone Number

Elizabeth Township Resident: Yes \_\_\_\_\_ No \_\_\_\_\_

Will Alcohol be served? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Special Request: Yes \_\_\_\_\_ No \_\_\_\_\_\_ Request Item(s):

In applying for this permit, the responsible party agrees to comply with all of the rules, regulations, and ordinances of Elizabeth Township and are responsible for excessive cleanup or damages to the property or facilities. Deposits will be forfeited and additional costs for cleanup and damages will be incurred.

Signature

**OFFICE USE ONLY:**

Responsible Party:

ID Number: PA License \_\_\_\_ PA ID Card \_\_\_\_\_

Date of Birth if alcohol is being served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received Check Number Initials