



# PAVILION USE APPLICATION 2024

Park Address: 996 Elevator Street, Chambersburg, PA 17202

Name/Organization: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Reservation: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

### Pavilion Requested (Select all that apply)

Pavilion #1 – \$25/hr – seats 100-110
Pavilion #2 – \$20/hr – seats 50-60
Pavilion #3 – \$33/hr – seats 150
Pavilion #4 – \$20/hr – seats 40-50
Softball Field - \$30


\*Softball Field rental with a pavilion is a flat fee of \$30. Field rental time coincides with pavilion rental time.

\*\*If renting the Softball Field without a pavilion, the "Athletic Facility Application" is required and a fee of \$45/hr applies.

To the best of my knowledge, the completed information is correct. I understand that any misrepresentation of this information may result in the denial and/or cancellation of this permit. Furthermore, I have read and understand all rules and regulations in the Park Facility Use Policy that was provided to me by the Parks & Recreation Department.

I do hereby agree to indemnify and hold harmless and defend Greene Township, hereinafter referred to as "The Township," their agents, servants and employees, officers, supervisors and directors, from any and all liability whatsoever, including attorney fees by reason of any injury to persons, including death, at any time resulting therefrom, or injury to property arising out of the use of the **Greene Township Municipal Park**, Scotland, Pennsylvania, (Franklin County), whether such injuries to persons or damage to property are due or claim to be due to any negligence of the Township, their agents, servants and employees, officers, supervisors, consultants and directors. It is further understood and agreed that the undersigned shall, at the option of the Township, defend the Township, their agents, servants and employees, officers, supervisors and directors with appropriate counsel and shall further bear all costs and expenses, including reasonable attorney fees, in the defense of any suit arising hereunder.

\_\_\_\_\_  
Signature - Renter



\_\_\_\_\_  
Date

\* Please make checks payable to 'Greene Township Board of Supervisors'

**RENTAL TERMS**

- A. All requests for use of Park and Recreation facilities must be submitted by an individual 21 years of age or over, on the appropriate form provided by the Township. Reservations will be considered on a first-come, first-serve basis.
- B. No permit shall be issued to any individual under the age of 21 years. The individual to whom the permit is granted shall be jointly and severally liable for all costs, expenses, fees and all property damage and/or individual in attendance.
- C. Groups are responsible for all areas and contents during the entire time of their occupancy. Any unwarranted damage will be the financial responsibility of the group and/or the authorized individual to whom the permit is issued.
- D. All organizations using any park area are required to return it to its proper condition prior to leaving, to include:
  - a. arrangement of tables
  - b. trash in proper containers
  - c. lights off (except where designated)
  - d. all decorations removed
  - e. if balloons are used, all debris picked up
- E. Groups neglecting to return the facility to the proper condition will be charged a minimum clean-up fee of \$25.00 for all extraordinary custodial duties required. Additional clean-up time required will be charged at \$25 per hour.
- F. Rental fees collected for the use of the facility will be determined by the current Fee Schedule approved by the Greene Township Board of Supervisors. All fees shall be submitted together with the Application. No permit will be guaranteed until such time that these fees are paid or special arrangements for payment have been approved by the Greene Township Board of Supervisors.
- G. Full refund if cancelled at least 48 hours before event.

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**Office Use Only:**

Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Form of Payment: Cash \_\_\_\_\_ Check No \_\_\_\_\_ PayPal \_\_\_\_\_ Credit Card \_\_\_\_\_