APPLICATION & PERMIT FOR RENTAL OR USE OF MILLCREEK TOWNSHIP COMMUNITY CENTER

Group/Organization/Person	n in Charge:
Address:	
Telephone Number:	Email Address:
Purpose:	Number in Party:
Date(s) Reserved:	Hours Reserved: to
Key Color:	
with the rules and regulation designated facility will control rules and regulations set for the set of the se	Y in designated areas. I rules. no alcoholic beverages at the facility. cility room capacity: 150 tment or trustees have authority to enter the facility at any time. a \$75 additional fee for any lost key or key not returned within 48 hours of
I have read and understand and in consideration of per discharge and covenant to agents of and from any and expenses and compensation	the above policies and regulations and agree to comply with the same. For mission to use the above described facility, I the undersigned, acquit, hold harmless the Township of Millcreek, its officers, employees, and I all actions, causes of actions, demands, damages, costs, loss of services, n, on or account of, or in any way growing out of, any and all personal ctivity at the above described facility.
Date	Signature of Person Responsible
	Signature of Township Representative