

INDEPENDENCE TOWNSHIP PAVILION RESERVATION FORM



DATE to be reserved _____

NAME _____

ADDRESS _____

TYPE OF EVENT _____

PHONE _____

MARQUEE REQUEST: _____

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- I have read the attached guidelines and agree to abide by them for the use of the park pavilion and grounds.
 - I enclose the required deposit and understand that it will be returned if the guidelines have been followed during my use of the park pavilion.
 - I also understand that if damage occurs and is in excess of the deposit amount, I will be responsible to reimburse the Township.

Signature

Date Signed

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For Office Use:

Deposit of \$_____ received on_____ by_____