

# INDEPENDENCE TOWNSHIP PAVILION RESERVATION FORM



DATE to be reserved \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SIGN REQUEST: \_\_\_\_\_

\_\_\_\_\_

We will make every effort to accommodate sign requests. However, due to limitation of letters, we may not be able to.

- 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



For Office Use:

Deposit of \$ \_\_\_\_\_ received on \_\_\_\_\_ by \_\_\_\_\_

