

**NORTH FAYETTE TOWNSHIP COMMUNITY CENTER
MEETING ROOM / GYMNASIUM RENTAL APPLICATION
SINGLE RENTAL**

ORGANIZATION (If applicable): _____

Applicant (Person picking up key)

Alternate picking up key

Address City Zip

Address City Zip

Phone Number

Phone Number

FACILITY REQUESTED:

MEETING ROOM _____

GYMNASIUM _____

With kitchen (\$10 add'l fee) _____

TYPE OF ACTIVITY PLANNED: _____

Date(s) Requested:	_____
Starting Time:	_____
Ending Time:	_____

Rental Fee: _____ **Security Deposit** _____ **TOTAL DUE \$** _____

To obtain key to facility: Present the approved application to the Police Dispatcher up to one half hour before starting time and return the key no later than one half hour after ending time. Organization is responsible for carrying insurance on all of their participants.

I have read the above conditions along with the Rules and Regulations and I accept responsibility for the organization or individuals associated with this rental. The organization/individual agrees to hold North Fayette Township free and harmless from any liability of any nature.

SIGNED: _____

DATE: _____

APPROVED: _____

DATE: _____

Return form to:

North Fayette Twp.
400 North Branch Rd.
Oakdale PA 15071

**Phone: 412-788-4888
724-693-3118**