



ELIZABETH TOWNSHIP

522 ROCK RUN ROAD • ELIZABETH, PA 15037

PHONE 412-751-2880 • FAX 412-751-6002

www.elizabethtwppa.com

COMMUNITY CENTER RENTAL APPLICATION

Date of application:	Date(s) requested:
Name of Family/Group:	
FACILITY REQUESTED	

Building 1 Building 2 Building 3 Entire complex

Other: _____

TYPE OF EVENT

Birthday Graduation Reunion Meeting Shower

Sleepover Wedding Benefit Fundraiser Education

Other: _____

Attendance expected: _____ Starting hour: _____ Ending hour: _____

RESPONSIBLE PARTY

Name:	Email:
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Address:	Zip:
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Telephone (H):	Telephone (C):
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Identification No.:	<input type="checkbox"/> PA License <input type="checkbox"/> PA ID <input type="checkbox"/> Other
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Date of Birth:	ID verified by: TOWNSHIP STAFF
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ALCOHOL PERMIT

Will alcoholic beverages be served? YES NO **Alcohol permits \$100.00 per day**

Signature: _____ Print Name: _____

IN APPLYING FOR THIS PERMIT, THE RESPONSIBLE PARTY AGREES TO COMPLY WITH ALL OF THE RULES, REGULATIONS AND ORDINANCES OF ELIZABETH TOWNSHIP. AND ARE RESPONSIBLE FOR EXCESSIVE CLEANUP OR DAMAGES TO THE PROPERTY OR FACILITIES. DEPOSIT WILL BE FORFITED AND ADDITIONAL COSTS FOR CLEANING AND DAMAGES INCURED.

Township use only

Date received:	Deposit received:
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Deposit: \$ _____ \$100.00

Rental fee: \$ _____

Extra hours _____ @\$25.00 each \$ _____

Alcohol permit: \$ _____

Total due (less deposit): \$ _____

Other: \$ _____