



ELIZABETH TOWNSHIP

522 ROCK RUN ROAD • ELIZABETH, PA 15037

PHONE: 412-751-2880 • FAX: 412-751-6002

www.elizabethtownshippa.com

COMMUNITY CENTER RENTAL APPLICATION

Date of Application: _____ Date(s) Requested: _____
 Name of Family/Group: _____

FACILITY REQUESTED			
<input type="checkbox"/> Building 1	<input type="checkbox"/> Building 2	<input type="checkbox"/> Building 3	<input type="checkbox"/> Entire Complex

TYPE OF EVENT				
<input type="checkbox"/> Birthday	<input type="checkbox"/> Graduation	<input type="checkbox"/> Reunion	<input type="checkbox"/> Meeting	<input type="checkbox"/> Shower
<input type="checkbox"/> Sleepover	<input type="checkbox"/> Wedding	<input type="checkbox"/> Benefit	<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Education
<input type="checkbox"/> Other _____				
Attendance Expected _____		Start Time: _____	End Time: _____	

RESPONSIBLE PARTY			
Name: _____		Email: _____	
Address: _____			Zip: _____
Home Phone: _____		Cell Phone: _____	
ID Number: _____		<input type="checkbox"/> PA License	<input type="checkbox"/> PA ID Card
<input type="checkbox"/> Other			
Identification Verified by: _____			

ALCOHOL PERMIT	
Will alcohol be served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Permits are \$100.00 / 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 of facilities. Deposits will be forfeited and additional costs for cleanup and damages incurred.

FOR TOWNSHIP USE ONLY	
Date Received: _____	Deposit Received: _____

Deposit:	\$ _____ \$100.00	
Rental Fee:	\$ _____	
Extra Hours: _____ @ \$25 each	\$ _____	
Alcohol Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
Other:	\$ _____	
		Total – Deposit: _____