

SIGNATURE

MOOSIC BOROUGH RECREATION FACILITY USE REQUEST

My signature on this form indicates: that I am requesting that the facility listed below be reserved for the day(s), date(s), and time(s) specified; that I understand that all fields of this form must be completed for my request to be considered, that my request may be denied, and that I must contact the Moosic Borough office to verify the approval of my request and to receive a facility reservation policy; that I agree to pay all costs associated with any damage to any facilities, equipment, or other property (real or personal) owned by Moosic Borough; that I also agree to indemnify, defend, and hold harmless the borough, their officers, and their employees from any and all claims, liabilities, damages, attorney's fees and/or costs directly related to my use of the facilities; and that failure to return the facilities to their original condition will result in charges. I understand that I must complete this form and **attach proof of residency**.

APPLICANT INFORMATION/ORGANIZATION:

APPLICANT'S NAME:			EMAIL ADDRESS:	
ADDRESS:				
	Street	City	State	Zip
DAYTIME PHONE:			CELL PHONE:	
EMERGENCY CONTAC	CT:			
DAYTIME PHONE:			CELL PHONE:	
RELATIONSHIP TO PERSON/ORGANIZATION:				
FACILITY USE INFORMATION: DAY(S): \square M \square T \square W \square Th \square F \square Sa \square Su DATE(S):				
START TIME(S): Please include set-up time: END TIME(S): Please include break-down time:				
# OF PEOPLE EXPECT	ED: (Under 18 yrs.)		(18+)	(50+)
EVENT DESCRIPTION (Be thorough and specific):				
Purpose and/or Activity to Take Place:				
Person(s) Responsible for Any Damage that May Occur:				
of the Moosic Borough Rec	ereation policies and	procedures; and that our	organization/group will compl	or group; that I have received and read a copy y with the regulations, policies governing the y loss or damage to Borough property caused

Date