

Bushkill Township

1114 Bushkill Center Road, Nazareth, PA 18064

phone: 610.759.1250

Facility (Athletic fields/pavilion) Reservation Form

Today's Date: _____

Renter Information:

Name:	_____
Organization:	_____
Address:	_____
Phone:	_____
Email:	_____

Reservation:

_____ Field	Number _____	Date(s) Requested: _____
_____ Pavilion		Time: _____
Event Description: _____		

Fees: *(categories listed in Bushkill Township facilities reservation policy)*

Fields:	category	security deposit	rental fee
	2	\$250	\$25
	3	\$250	\$50
	4	\$250	\$100
	5	\$250	\$100
	6	\$250	\$100
	7	\$250	tbd

Pavilion:	category	security deposit	rental fee
	2	\$100	\$50
	3	\$100	\$50
	4	\$100	\$50
	5	\$100	\$100
	6	\$100	\$100
	7	\$100	tbd

By signing below, I have received & agree to all rules stated in the Bushkill Township Park Facilities reservation policy and those posted in the park. Our park is monitored by both the Police Department & video surveillance for the safety of all residents. If the rules of the park and those stated in the reservation policy are not followed by your group, you may forfeit some or all of your security deposit. I also understand that any damage to the facility and/or costs associated with cleaning or repair of the rented facility in excess of the security deposit will be my responsibility. If the cost of cleaning/damage exceeds the security deposit, the person/group reserving the facility is responsible for the balance.

Signature: _____

Date: _____

Bushkill Township Facility Rental PERMIT

Renter name: _____

Organization: _____

Permit for :

Pavilion Field # _____

Event: _____

Date: _____

Time: _____

Authorized Signature: _____

For office use only:

Renter name: _____

Organization: _____

Facility rented: _____

Rental Fee:

fee _____

check# _____

date paid _____

Security deposit:

fee _____

check# _____

date paid _____

returned _____

The rented facility was inspected on _____ (date) and found to be:

_____ in same condition as before it was rented

_____ There is damage or missing equipment - details _____

Inspected by: _____ Date: _____