

BETHEL TOWNSHIP
BERKS COUNTY, PENNSYLVANIA

60 Klahr Rd
Bethel PA 19507

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www.betheltwp.org

TOWNSHIP FACILITIES APPLICATION

Name of Group: _____

Contact Person: _____

Address of Group: _____

Home/Cell Phone: _____ Work Phone: _____

Facility Requested: _____ Driver's Lic/ID. _____

Type of Event: _____

Date Requested: _____ Time of Use _____ # Anticipated _____

Certificate of Insurance _____ (Must supply copy prior to event)

Hold Harmless Agreement _____ (Must initial and sign)

ALL APPLICANTS MUST READ THE FOLLOWING PARAGRAPH AND PROVIDE THEIR SIGNATURES.

By executing this application, I/We the Applicant(s) acknowledge my/our obligations hereunder and further agree that this application along with the Policy shall become a binding contract. To the best of my knowledge, the completed information is correct. I understand that any misrepresentation of this information may result in the denial and/or cancellation of this application.

Signature

Date

For Office Use Only:

Date Received _____ Date Approved/Disapproved _____

Approved by _____