

West Manheim Township Recreation Park

Pavilion Use Contract

Pavilion Availability Contact: Jeff Klenk, jdklenk@embarqmail.com or 717-633-5361

Name of Person Responsible for Rental: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

FACILITY	CAPACITY	SIZE	FEE	Check requested items
Pavilion #1 (includes 1 VB court and 1 Horseshoe pit)	1 available (60 person / 10 picnic tables)	48' x 23'	\$35.00	
Pavilion #2 (includes 1 VB court and 1 Horseshoe pit)	1 available (48 person / 8 picnic tables)	43' x 24'	\$35.00	
Baseball Fields (as available)	2 available	1 junior/1 adult	\$10.00 ea	
Volleyball Court (as available)	2 available		\$10.00 ea	
Multi-Purpose (as available) Soccer	1 available		\$10.00	
Horseshoe Pits	2 available		\$10.00 ea	

Type of Function: _____

Date of Event: _____ Time: _____

FEE INFORMATION:

Renter agrees to pay \$_____ for rental of the facility listed above. Renter agrees to pay any cost associated with damages or clean-up if they are incurred. **Make Check Payable: West Manheim Township Recreation Park**

WAIVER OF LIABILITY:

I understand, by my signature below, the fees, conditions and policies provided with, and included within this application and agree to abide by them. The rental persons and all participants assume all responsibility for, and risks and hazards of, participation in the rental activity referenced above. In consideration of the West Manheim Township allowing the group to use the facility, I on behalf of the group, do hereby release West Manheim Township, the West Manheim Township Park and Recreation Board, all officials, officers, supervisors, volunteers, and all the other agents of the township of any and all claims, demands, rights and causes of action of whatever kind and nature, arising from and by reason of, personal injuries, damages to property, and the consequences thereof, resulting from our participation in the rental activity described above.

Rental Representative Signature/Date

WMT Representative Signature/Date

RENTAL FEE:

Amount Paid: _____ Date Paid: _____ Receipt #: _____ Method: Cash _____ Check _____