

Spring Grove Regional Parks and Recreation Center
1472 Roth's Church Road, PO Box 349, Spring Grove PA 17362
Phone: 717-225-9733 Fax: 717-225-9792

Applicant: _____ Date: ____/____/____

Address: _____ Telephone: (____) _____

Purpose/Event: _____ Estimated Attendance: _____
(*Please see attendance requirements below)

Rental Date Requested: _____ Time Requested: _____ to _____

Email: _____

Site of Requested Rental (Please Check Choice):

Farmers Field – Paradise Township Spring Grove Community Park Facility Being

Requested at Park (Please Check): Pavilion Electricity: YES NO

Field #1(Closest to pavilion \$85.00) Field #2 (\$85.00) Thoman Field (\$85.00) Community Field \$85.00)
(Farmers Field ONLY) (Farmers Field ONLY) (SG Cmty Park ONLY) (SG Cmty Park ONLY)

Court(s): Basketball Volleyball

(SG Cmty Park ONLY) (SG Cmty Park ONLY)

Dog Park (SG Cmty Park ONLY)

Special Request /Park Amenities (Please Indicate): Additional Fees/Permits apply

Special Requests: _____

Fees: \$85.00* per Pavilion OR for *Exclusive* Field or Court Usage up to Six (6) Hours

\$125.00* per Pavilion OR for *Exclusive* Field or Court Usage Dawn to Dusk (All day usage) *In addition, actual costs will be invoiced for repair of any damages determined to be caused by the rental party and discovered during a post rental inspection of the facility.

****A minimal additional fee is associated for "Special Events" and groups over 100 people.**

ALL FACILITIES ARE NON SMOKING and ALCOHOLIC BEVERAGES /DRUGS PROHIBITED

Refund Policy: If the event must be cancelled, refund requests must be made to the Rec Center phone number at least 24 hours prior to the request rental time or no refunds will be issued.

No refunds will be given for inclement weather.

Emergency Contact: Recreation Director- Kate King 1-814-442-0020 or Recreation Center 717-225-9733

NOTICE: We require that each rental party take responsibility for cleaning up the area after their rental. This application, if approved, will serve as your permit for the use of the property described above and must be on the person responsible at the site at all times during the rental period.

Please make sure all trash is disposed of in the proper trash cans or dumpster

All renters agree to follow all State, Local and CDC guidelines in regards to COVID-19

I, the undersigned, have read the terms and conditions governing the use of the Park property and agree to accept responsibility for the accuracy of the information I have entered upon this application. I realize that violations of the park rules and or mis information on this application may result in not being issued permits in the future and members of the group and or myself may be subject to a fine.

I also fully understand and accept the risks involved in using the approved rental facilities and amenities and I absolve the Spring Grove Regional Parks and Recreation Center, Paradise Township and Spring Grove Borough from all liability for any personal injury incurred through my usage.

Signature: _____ **Signature:** _____
(Applicant) (SGRPRC Executive Director) **Date:** _____ **Date:** _____

DO NOT WRITE BELOW LINE: OFFICE USE ONLY

Rental Facility Approved:

Pavilion Field: _____ Other: _____

Payment Information: Amount: \$ _____

CC/Cash/Check No: DATE: / / .

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Rental Date Requested: _____ **Time Requested:** _____ **to** _____

Site of Requested Rental (Please Check Choice):

Stoneledge Park – Jackson Township Township
Little Creek Community Park—Jackson

Facility Being Requested at Park Pavilion Stoneledge Field (\$85.00) (Field ONLY)

Basketball Courts(\$50.00) Multipurpose Fields Community Park

Pickelball Court

Electricity: YES NO

Special Request /Park Amenities (Please Indicate Request)

Additional Fees/Permits Apply

Special Requests: _____

Fees: \$85.00* per Pavilion OR for *Exclusive* Field or Court Usage up to Six (6) Hours

Fees: \$125.00 per Pavilion OR for *Exclusive* Field or Court Usage (Full Day)

Fees Noted above for specific locations and some amenities (Full Day Fee)

*In addition, actual costs will be invoiced for repair of any damages determined to be caused by the rental party and discovered during a post rental inspection of the facility.

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I also fully understand and accept the risks involved in using the approved rental facilities and amenities and I absolve the Spring Grove Regional Parks and Recreation Center and Jackson Township from all liability for any personal injury incurred through my usage.

Signature: _____ Signature: _____
(Applicant) (SGRPRC Executive Director) Date: _____ Date: _____

DO NOT WRITE BELOW LINE: OFFICE USE ONLY

Rental Facility Approved:

Pavilion Field: _____ Other: _____

Payment Information: Amount: \$ _____

CC/Cash/Check No: DATE: // .