

ADAMS TOWNSHIP COMMUNITY PARK SHELTER RESERVATION PERMIT

NAME/ORGANIZATION: _____		
NAME SHELTER: _____	BALL FIELD REQUESTED: YES NO	
DATE OF EVENT: _____	TIME OF EVENT: FROM: _____	TO: _____
CONTACT PERSON: _____		
EMAIL: _____		
ADDRESS: _____ _____		
PHONE NUMBER: _____		
FEE RECEIVED _____		
Amount	Date	Check Number
TOWNSHIP SIGNATURE _____		DATE _____

I hereby acknowledge receipt of a copy of Adams Township Resolution NO. 2017-02 containing the Rules & Regulations for the preservation of Adams Township Property and agree to comply with those rules and acknowledge that use of these facilities is AT OUR OWN RISK.

I understand that in order to receive a refund of my deposit, proper clean up must be done of all facilities. All tables returned to their original location and no damage to the shelter or surrounding area.

Name _____ Date _____

If renting a pavilion at township resident rates, I certify by signing below that I currently live in Adams Township and the pavilion is being rented for my use.

Name _____ Date _____

PARK HOURS - DAWN TO DUSK
NO GLASS CONTAINERS
NO ALCOHOLIC BEVERAGES WITHOUT MUNICIPAL PERMIT
PLEASE BRING YOUR OWN CHARCOAL FOR GRILL
PLEASE BRING 32 GALLON GARBAGE BAGS: PUT TRASH IN TRASH CANS
KITCHENS WILL NOT BE OPENED UNTIL DAY OF RENTAL

If shelter is not unlocked at specified time, please call 911 stating it is a non-emergency and ask for an officer to respond to your pavilion.