

2024 ADAMS TOWNSHIP COMMUNITY PARK PAVILION APPLICATION

PI	ERMIT HOLDER NAME:		
ORGANIZATION NAME (IF NEEDED):			
		te.):	
A]	DDRESS:		
		EMAIL:	
F	RENTAL DATE:	TIME (Start/End):/	
PL	EASE CHECK PAVILION REQUEST	ED:	
		All Pavilions Seat 100 guests	
	War Memorial Pavilion	(Available April Thro	
	Township Pavilion	(Available April Thro	ugh October)
	Rotary Pavilion	(Available April Thro	_
		(Available in Sep	• •
	Veterans Pavilion	(Available in September and C	October Only)
	AMS TOWNSHIP PAVILION RENTA		
	ams Township Resident Rate:	\$150 Daily Rental	
	n-Resident Rate:	\$225 Daily Rental	
	ams Township HOA Rate: (Monday-Thi	ursday) \$50 2-hour Rental	
	DITIONAL RENTAL FEE:	4-0-14	
Ad	ams Township Alcohol Permit	\$50 Daily Rental alcohol must submit for a Municipal Alcohol Permit	
	^ All rentals requesting a	alconol must submit for a Municipal Alconol Permit	
	*Proof of current Adams Townshi	p residency is required by permit holder at time of paym	ient
FI	EE RECEIVED:		
	Amount	Date Check N	lumber
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.			
eff To loo	ect. The permit holder will be billed for winship staff. The permit holder is respon	sponsible for any damage done to the facility while this the cost to staff, repair, or fix significant damage to ensible for proper cleanup of the rented facility. The parax. All tables returned to their original location, all trassche shelter or surrounding area.	the facility by vilion must be
Pe	ermit Holder Name	Date	
T	OWNSHIP SIGNATURE:	DATE:	