

**Harmar Township
Park and Recreation Facilities
USE Application***

TOWNSHIP USE ONLY
DATE: _____
APP. #: _____

*** Reservations for specific dates and times shall be granted only to residents of Harmar Township and/or Harmar Township groups and organizations. The Township's Neighborhood Recreation Facilities are not intended for nor are they conducive to business/company picnics.**

Date: _____

Applicant Name: _____ Phone: _____

Address: _____

Email Address: _____

Date Requested: _____ Purpose for Use of Facility _____

Time of Day Requested _____

Expected Number of Guests _____ Estimated Parking Spaces Needed: _____

Group/Organization requesting to use a Township Recreation Facility (if applicable)

Name: _____ Phone: _____

Address: _____

Email Address: _____

Date Requested: _____ Purpose for Use of Facility _____

Time of Day Requested _____

Request to Use:

- | | | | |
|---|--|--|---|
| <u>Acme Park</u>
<input type="checkbox"/> Pavilion/Restrooms
<input type="checkbox"/> Ballfield
<input type="checkbox"/> Basketball Court

<input type="checkbox"/> Tennis Court

<input type="checkbox"/> Restrooms | <u>Highbury Park</u>
<input type="checkbox"/> Upper Pavilion
<input type="checkbox"/> Lower Pavilion
<input type="checkbox"/> Restrooms

<input type="checkbox"/> Ballfield

<input type="checkbox"/> Basketball Court

<input type="checkbox"/> Tennis Court | <u>Terrace Drive Park</u>
<input type="checkbox"/> Pavilion
<input type="checkbox"/> Restrooms | <u>Soccer Complex*</u>
<input type="checkbox"/> Pavilion
<input type="checkbox"/> Restrooms

*For Soccer Association Use Only |
|---|--|--|---|

I, _____, have read and agree to abide by the Harmar Township Recreation Facility Policies regarding the use of Township Recreation Facilities and Fees.

Applicant/Authorized Representative Date

Mail completed Application to: _____
Harmar Township Municipal Building
Attn: Donna Piper, Secretary/Treasurer
701 Freeport Road, Cheswick, PA 16024

Email completed Application to:
admin@harmartownship-pa.gov

FOR MUNICIPAL USE ONLY

Approved: _____
Date

Copy to Public Works Copy to Chief of Police

TOWNSHIP USE ONLY

Date Submitted: _____

Use Application No. _____

Applicant

Name: _____

Phone: _____

Address: _____

Email Address: _____

Facility: _____

Date: _____

Time: _____

Rental Fee: \$ _____

Paid: _____

Security Deposit: \$ _____

Paid: _____

Key Deposit: \$ _____

Paid: _____

Keys Issued:

Organizations	Key 1	Opens Door	_____	Key Description	_____
	Key 2	Opens Door	_____	Key Description	_____
	Key 3	Opens Door	_____	Key Description	_____
	Key 4	Opens Door	_____	Key Description	_____
	Key 5	Opens Door	_____	Key Description	_____