

**CAERNARVON TOWNSHIP  
BERKS COUNTY, PENNSYLVANIA**

**3307 Main Street  
P. O. Box 294  
Morgantown, PA 19543**

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[www.caernarvon.org](http://www.caernarvon.org)**

**TOWNSHIP FACILITIES RENTAL APPLICATION**

Name of Group/Individual \_\_\_\_\_

Contact Person (if group) \_\_\_\_\_

Address of Group/Individual \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Facility Requested \_\_\_\_\_ Driver's Lic./ID \_\_\_\_\_

Type of Event \_\_\_\_\_

Date of Rental \_\_\_\_\_ Time of Use \_\_\_\_\_ # Anticipated \_\_\_\_\_

Certificate of Insurance \_\_\_\_\_ (Must supply copy prior to event)

Policy Statement \_\_\_\_\_ (Must initial and sign)

Hold Harmless Agreement \_\_\_\_\_ (Must initial and sign)  
(if applicable for park or ball fields)

**ALL APPLICANTS MUST READ THE FOLLOWING PARAGRAPH AND PROVIDE THEIR SIGNATURE.**

By executing this application, I/We the Applicant(s) acknowledge my/our obligations hereunder and further agree that this application along with the Policy shall become a binding contract. To the best of my knowledge, the completed information is correct. I understand that any misrepresentation of this information may result in the denial and/or cancellation of this application.

\_\_\_\_\_  
Signature Date

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For Office Use Only:

Date Received \_\_\_\_\_ Date Approved/Disapproved \_\_\_\_\_ Approved  
By \_\_\_\_\_

Fee Collected \_\_\_\_\_ Cash \_\_\_\_\_ Check No \_\_\_\_\_ Date Paid \_\_\_\_\_

Concession/Vendor/Caterer \_\_\_\_\_ Approved: Yes No

Other Information/Conditions \_\_\_\_\_