

TOWNSHIP OF WILKINS
Community Center Rental / Facility Use Request Form

Permit Number: _____

Today's Date: _____

Date of Proposed Rental: _____ Beginning and Ending Time of Rental _____
(Not to exceed 7 hours)

Purpose _____ Maximum Number of People Expected _____

Community Center Fee: \$150.00

Security Deposit: \$100.00 (Separate Check)

Applicant's Name _____

Applicant's Address _____

Applicant's Phone Number _____ Daytime Phone Number _____

Are you a resident of Wilkins Township? Yes _____ No _____ **(Proof of Residency Required)**

Are you over 21 years of age? Yes _____ No _____

NOTE: Canned/bottled beer, wine, and champagne are permitted. The following requirement applies:

- A certificate of insurance naming the Township of Wilkins as additional insured with \$1 million general Liability Coverage must be submitted and approved on file a minimum of 5 business days prior to your event.

The undersigned hereby makes application for the use of the **COMMUNITY CENTER** and agrees to abide by the Township's rules and regulations: to leave the **COMMUNITY CENTER**; in good, proper condition; and to report any damage done during the use of the **COMMUNITY CENTER** to the Township's Police Department within twenty-four hours after departure. The applicant further agrees to hold Wilkins Township free and harmless from liability of any nature.

I certify that I have received a copy of the current Community Center rules and regulations, and that I agree to abide by them. I understand that any expenses to the Township related to damage of these facilities will be paid by me, and any violations of the rules will subject me to fines and/or penalties.

Signature of Applicant

Date of Application

Approved by _____ Rejected by _____

Reason for Rejection _____

***MUST FOLLOW CDC GUIDELINES FOR FACE MASKS AND SOCIAL DISTANCING**

***THE WILKINS TOWNSHIP MUNICIPAL CAMPUS IS SMOKE & TOBACCO FREE
(PLEASE SEE RULES & REGULATIONS FOR MORE DETAILS)**