

**TOWNSHIP OF WILKINS
PARK PAVILION PERMIT APPLICATION**

Permit Number: _____

Park Pavilion Requested _____ Date Requested _____

Purpose _____ Maximum Number of People Expected _____

Pavilion Fee: \$80.00

Security Deposit: \$75.00 (Separate Check)

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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 renting this facility for an Organization? Yes _____ No _____

Alcohol: Yes _____ No _____

NOTE: ALCOHOL PERMITTED IN PARK PAVILION ONLY

Organization Name _____

Organization Address _____

Organization Phone Number _____ Contact Person _____

The undersigned hereby makes application for the use of the above described **PAVILION** and agrees to abide by the Township's rules and regulations: to leave the **PAVILION**; in good, proper condition; and to report any damage done during the use of the **PAVILION** 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 park rules and regulation, 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 park rules will subject me to fines and/or penalties as outlined in Ordinance #301.

Signature of Applicant

Date of Application

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Approved by _____ Rejected by _____ Reason for Rejection _____

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