



APPLICATION FOR FACILITY USE
HARRISON TOWNSHIP SERVICES DEPARTMENT
2409 Rector Ave., Dayton, Ohio 45414
1-937-274-6871

FACILITY APPLYING FOR:

COMMUNITY CENTER MEETING ROOM W/SEATING FOR TABLE UP FRONT TABLES # SEATING AT TABLES SPEAKER SYSTEM KITCHEN - FEE OTHER
SINCLAIR PARK LODGE FEE: TABLES # CHAIRS # SEATING AT TABLES OTHER
SINCLAIR PARK SHELTER #1 #2 FEE: SHILOH PARK SHELTER FEE:

DATE OF USE: HOURS: FROM TO ANTICIPATED ATTENDANCE

TYPE OF FUNCTION SPONSORING ORGANIZATION

NAME OF APPLICANT PHONE: H

ADDRESS W

CITY STATE ZIP

ALTERNATE NAME OF AND # OF PERSON WHO CAN BE REACHED FOR MATTERS RELATING TO THE USE OF THIS FACILITY - NOT OF THE SAME IMMEDIATE

HOUSEHOLD

NAME PHONE: H

ADDRESS W

CITY STATE ZIP

Applicant hereby agrees to be responsible for repairing damage to the facility licensed herein, including equipment, furnishings, buildings, and landscaping, which may arise out of the proposed activity at the chosen facility. Applicant does agree to hold the Harrison Township Board of Trustees and their agents free and clear from any and all liabilities, whether to persons or property, as the result of any act or omission to act on the part of said individual or organization, or the acts or omissions of its employees or agents or anyone visiting the facility, or using any of the equipment, furnishings, and buildings licensed herein, upon the invitation of said applicant, negligent or otherwise, applicant further agrees to adhere to all facility rules and regulations which have been or will be adopted by the Board of Trustees.

Signature of Applicant Date

OFFICE USE:

APPROVED: Director Date

Amount Paid Receipt# Date: Date Refunded: