

# Haycock Township Community Center

1014 Old Bethlehem Road Quakertown, PA 18951

## Room Reservation

Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_ # of Attendees: \_\_\_\_\_  
Event Name: \_\_\_\_\_ Arrival Time: \_\_\_\_\_  
Date requested: \_\_\_\_\_ Departure Time: \_\_\_\_\_  
Room Requested: \_\_\_\_\_ *Before leaving, please:* Place TRASH in large hallway can  
Reorganize room to ORIGINAL setup  
Lights out

The use of the building includes access to the parking lot, hallway, the reserved room, and restroom located within the Haycock Township Community Center during the specified times.

*Release, Indemnity and Hold Harmless. By signing below, the Applicant agrees, as a condition of its use of the Haycock Township Community Center and in consideration of the grant of use of the facilities, to defend, imdenify and hold harmless Haycock Township, its Supervisors and employees, from and against all loss, injury, damages or expense, including but not limited to, judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the Township, arising out of or in any way relating to the Applicant's use of the Haycock Township Community Center and any activity connected therewith.*

*Please call 215-239-6292 or email [info@haycocktownship.com](mailto:info@haycocktownship.com) for cancellation or to communicate about the room/building.*

     \$100 Cleaning deposit returnable within 5 business days from event

     Room fee

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

Printed Name \_\_\_\_\_

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### **Security Deposit Refund Form**

The event held by \_\_\_\_\_ (Renter) on \_\_\_\_\_ (date) has been verified as  
\_\_\_ clean/\_\_\_ unclean; facility noted to have \_\_\_ no damage/ \_\_\_ damage; and \_\_\_ renters vacated on time.  
Please refund the Renter's security deposit of \$ \_\_\_\_\_. This net payment includes a withholding  
of \$ \_\_\_\_\_ to cover the following expenses: \_\_\_\_\_

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Authorized Official signature: \_\_\_\_\_ Date: \_\_\_\_\_