

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 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 _____

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: _____

Authorized Official signature: _____ Date: _____