

Matt DeGeorge Recreation Director

COMMUNITY CENTER & RECREATION DEPARTMENT

Hanover Township Northampton County 3660 Jacksonville Road Bethlehem, Pennsylvania 18017-9334 610.317.8701 Fax 610.317.8704

> CJ Lindsay Assistant Recreation Director

FIELD PERMIT REQUEST FORM

~This is not a contract...Someone will contact you shortly to discuss availability~

Contact Name:		Gro	up/Company Name:
Address:			
City:	State:	Zip:	Daytime Phone:_
Field Rental Dates:			
Field Request (Primary):			
Field Request (Secondary):			
Contract Duration: From	To		
Fees: Soccer/Lacrosse/Football- \$20	per field-minimum 2 hou	ars/\$100 per field	/all day use
Baseball/Softball- \$5 per day per day; whichever is greater) <i>HTCC</i>	\ 1		
Specific Dates			<u> </u>
			_
			_
			_
Number of Participants			
Notes/Special Arrangements:			
Certificate of Liability should list: "Han	nover Township- Northan	npton County" as	Additional Insured
*All fees due in advance of events.			
Deposit: \$ Balance	Due: \$		
Seasonal Field Permit Cost\$35.00 each season (O	Check all that apply)		
Spring/Summer (Mar 1 thru Aug 31)	Fall (Sept 1 th	ru Nov 30)	<u></u>



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Damage Deposit Form

This form is for use for any facility reserved through the Hanover Township Recreation Center

The Hanover Township Community Center requires a \$100 damage deposit by all parties reserving municipal facilities for an event. This policy is in place to preserve and maintain the integrity of municipal property, and to continue to make municipal buildings & properties available to the public.

Deposits are made by credit card or check and are held until the event is completed, and an inspection of the room/field/gym/pavilion/bingo machine by Hanover Township staff has been made. The credit card will not be charged unless damage to the room/field/gym/pavilion/bingo machine occurs or items are taken. You will be notified in advance prior to your account being charged. This form must be completed at the time of reservation. Questions can be directed to the Recreation Director or Rental Coordinator at HTCC.

PAYMENT INFORMATION	N – Please comp	olete:	
Credit Card: (circle type)	MasterCard	Visa	
Credit Card Number:		Expiration Date:	Name on card
Date·			