



**FOR USE ON BEHALF OF GROUP OR ORGANIZATION PLEASE COMPLETE**

Name of Organization / Group: \_\_\_\_\_

Address of Organization / Group:

\_\_\_\_\_  
NUMBER STREET STATE ZIP CODE

Telephone Number for Organization or Group: \_\_\_\_\_

Information for Individual Submitting Application for Organization / Group

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET STATE ZIP CODE

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby state that I am authorized to submit this application on behalf of the above named Organization or Group.

I hereby state that I am twenty-one years of age and have exhibited an appropriate photographic identification of said age.

I further understand that under penalties of 18 Pa.C.S.A. §4909 relating to unsworn falsification that the information set forth above is true and correct to the best of her knowledge, information and belief.

\_\_\_\_\_  
SIGNATURE DATE

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**TO BE COMPLETED BY BOROUGH**

**APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_

**NONREFUNDABLE RENTAL FEE OF RECEIVED:** YES \_\_\_\_\_ NO \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_ **CASH** \_\_\_\_\_ **CHECK #** \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE