



Hopewell Area Recreation & Parks

PO Box 959, Stewartstown, PA 17363 - E-Mail: info@harp-online.org

HARP Facilities Request Form

Complete form; make check made payable to HARP for applicable deposit and fees.
Mail to address listed above or put in HARP drop box at building.

NOTE: Your reservation is not confirmed until form and fees are received and confirmed.

Resident of: Crossroads Boro Stewartstown Boro Hopewell Township East Hopewell Township

Non-Resident of: _____ **NOTE: Pre-approval is required for this type of rental.**

Type: HARP Community Organization Private (Individual) Business

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Are you 21 or older? Yes No

Organization Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

NOTE: Building Capacity: 154 with tables and chairs; 180 without

Check: Meeting Room Multi-Purpose Room Kitchen Pavilion
 Concession Stand Ball Field Lights

Date(s): _____ Time(s): _____

Activity: _____

Note special requests/requirements: _____

Cancellation Policy: All users (non-profit included) will be subject to a cancellation charge. If event is cancelled, refund of fee/deposit will be calculated as follows: 100% 4 wks prior to event date, 50% 2 wks prior and no refund if cancelled less than 2 wks prior to event.

Deposit Refund: After usage, key is due back to HARP within 48 hours of event to receive your deposit back. Building will be checked for damage/cleaning. HARP has the right to keep your deposit in the event of damage or failure to comply with the "Rules for Use of Community Building" procedures. Please allow 4 to 6 weeks for return of deposit.

I have received and read the "Rules for Use of Community Building and/or Concession Stand" and "Penalties for Violations of the Rules" and agree to abide by the rules.

Signature of User _____ Date _____

HARP Use Only:

Security Deposit Amt _____ Rental Fee _____ Total Collected _____ Cash or Ck# _____

Date Key Assigned _____ Key # _____ Int _____ Date Key Returned _____ Int _____

Comments _____

Amt to Return _____ Date FWD to TR _____ NOTE: Date Deposit Refund – See check Stub