



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 completed form & deposit are received & 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 ___ Sport Field # ___ ___ Ball Field w/ 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 weeks prior to event date, 50% 2 weeks prior and no refund if cancelled less than 2 weeks 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	

***For safety, the building will be kept locked. There is a doorbell that will alert gym users that someone needs to be let in. The doors are not to be left ajar or propped open for any reason** Int _____