

Hopewell Area Recreation & Parks

PO Box 959, Stewartstown, PA 17363 - E-Mail: recreation@stewartstown.org **Building Capacity: 154 with tables and chairs; 180 without**

HARP Facilities Request Form

Complete form; write check made payable to HARP for applicable deposit and fees and mail to address listed above. Your reservation is not confirmed unless fees are received within 1 week of reservation request.

Resident of: Crossroads E Type: HARP Prgm N					
Name:					
Address:					
City:		 St:	Zip:		
City: Phone:	Email:				
Are you 21 or older? Ye *******************************	es No				
Organization Name:	· · · · · · · · · · · · · · · · · · ·				
Address:					
City:		St:	Zip:		
City:Phone:	Email:				
*********	******	******	******	*****	<*************************************
Check requested facility:	Meeting Room Concession Sta	and F	4ulti-Purpo Pavilion	ose Room _ _ Other:	Kitchen
Date(s):	Time(s):				
Activity:					
Note special requests/require	ements:				
Cancellation Policy: All users (a refund of fee/deposit will be calcu cancelled less than 2 wks prior to	lated as follows: 100%				
Deposit Refund: After usage, ke Building will be checked for damage to comply with the "Rules for Use"	ge/cleaning. HARP has t	the right to	keep your de	eposit in the ev	vent of damage or failu
I have received and read the "Rule Violations of the Rules" and agree		.y Building a	and/or Conce	ssion Stand" ar	nd "Penalties for
Signature of User				Date	
HARP Use Only:					
Security Deposit Amt	Rental Fee	Total	Collected _	C	Cash or Ck#
Key Assigned	Key Returned		Bldg	Key Returne	d
_					
FWD to TR Deposit	Returned	HARP	Ck #	Amt	·