



CLIFFORD TOWNSHIP

119 Cemetery Street
P.O. Box 339
Clifford, PA 18413
Phone (570) 222-9364
cliffordtownship@yahoo.com

Clifford Township Grounds Use Form

Please complete the entire form and email to cliffordtownship@yahoo.com or return to the township secretary.

Name of Organization _____

Event Description _____

Responsible/Contact Person(s) _____

Non-Profit Status _____ Federal ID No. _____

Address _____

Primary Phone _____

Email _____

Date(s) Requested _____ Start Time _____ End Time _____

Will the event be recurring?

_____ One time only _____ Monthly _____ Weekly _____ Multiple Days

Which Days of the week? (Circle one or more if recurring)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Location Requested:

_____ Pavilion _____ Garage _____ Playing Field

Anticipated number of Participants _____

Will food or drink be consumed? _____ Yes _____ No

Acceptance of Responsivity

Before signing please visit cliffordtownship@yahoo.com and read the Clifford Township Use Policy

I agree to be responsible for the conduct of those coming to, or participating in, the activity for which this application is being made, and for any damage beyond normal wear and tear that may occur as a result of this activity. I will remove all signs and decorations posted by my group immediately after the meeting/event has ended. I further agree that the township property will be used in accordance with the rules and regulations of the Parks and Recreations Board, and I hereby consent to the **Clifford Township Building and Grounds Use Policy**.

Signature _____

Print Name _____

Title _____

Cash/Check Payable to: Clifford Township

A refundable deposit of \$50.00 is required. This will be returned within one week after your event. See **Clifford Township Building and Grounds Use Policy**.

Date _____

Billing Address _____



FOR OFFICE USE ONLY

_____ Request Approved

_____ Request Denied