

# SHENANGO TOWNSHIP

## Facility Use Request Application

1000 Willowbrook Road, New Castle, PA 16101

Phone: 724-658-4460 Fax: 724-658-1255 Website: Shenangotownship.com

### Event Information

Application Date \_\_\_\_\_ Name of Group or Organization \_\_\_\_\_

Name of Person Representing Group or Organization \_\_\_\_\_

Organization Type:  Non-Profit  Educational  
 Other \_\_\_\_\_

Purpose of Use \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Dates desired \_\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_

Facilities Desired: Building(s)/Location(s) \_\_\_\_\_

Meeting Room  Shelter A  Shelter B  
 Shelter C  Tennis Courts  Bocce Courts

List any equipment desired for use: \_\_\_\_\_

Will food or beverage be served or sold at this activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will an outside vendor be providing food on the township grounds? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*Insurance Certification and Registration needed for all vendors.

Vendor Name	Type	Phone	Fax

Will alcohol be served at this event? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*If yes, Certificate of Insurance must reflect alcohol coverage.

\*Shenango Township prohibits the sale of alcohol without proper PLCB licensure.

Will an admission be charged for this activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Insurance Information**

Organizations not sponsored by Shenango Township **MUST** provide a Certificate of Insurance from their insurance carrier. The Certificate must:

- Provide a single limit of \$1,000,000.00 for personal Injury and property damage, each occurrence;
- Name Shenango Township as an additional insured; and
- Be written in such a manner that it is “primary” regardless of any other liability insurance that Shenango Township may carry.

Shenango Township cannot schedule your event or approve your application until the Certificate is provided.

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Coverage \_\_\_\_\_

Effective Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Acknowledgement and Agreement**

It is the organization’s responsibility to notify Shenango Township of cancellations or changes to the above request, no later than 24 hours prior to the event. Fees must be paid in full no later than 10 working days prior to the event. I have read this agreement and rules for facility usage and agree to be financially responsible for any damage to township property that may occur during the time of this agreement. In submitting this application, the organization I represent agrees to abide by the rules and regulations as issued by the Shenango Township Board of Supervisors for the care of township facilities, to accept full responsibility for damage done to township property by those in attendance at the activity and to make prompt payment to Shenango Township upon receipt of invoice.

Signature of person authorized to sign this application

\_\_\_\_\_ Date \_\_\_\_\_