

SKIPPACK TOWNSHIP

www.skippacktownship.org

4089 Heckler Road - P.O. Box 164 Skippack, PA 19464

PHONE: 610-454-0909 - fax: 610-454-1385

Community Room Reservation Form

Please Note: We request Township residents to make reservations. To receive confirmation of your reservation, you must have this form and the Organization or Individual Release form filled out completely and returned to Skippack Township Building. If you have any questions please call the Township Building at 610-454-0909.

Organization/Individual:		
Name:		
Address:		
City:		re: Zip:
Email:		ne:
Date of Use:		
Start Time:	End	Time:
Number of Individuals Expect	ed:	
Description of Event:		
	_	_
Signature:		Date:
Room	Fee (non-refundable)	<u>Deposit (refundable)</u>
Large Community Room	\$25.00	\$50.00
** Var. mark ha calked to ach mit	a compared a Contilinate of Income	and sign a Dalagae Farma **
You may be asked to submit a	a copy of a Certificate of Irisural	nce, and sign a Release Form **
	TOWNSHIP APPROVAL	
Permit #:	Security Deposit:	
Fee(s):	Amount Returned:	
Staff Signature:		