



BOROUGH OF PARKESBURG

315 West First Avenue, Building 1 Parkesburg Pa 19365

610-857-2616 -- Fax 610-857-1102

PAVILION RENTAL AGREEMENT

Name _____ Date of Application _____

Organization (if applicable): _____ Resident of Parkesburg Yes No

Address _____

Phone Number _____ Email _____

Event Date _____ Time frame _____

Approximate number of People in Group _____

Pavilion Rental Fee

Resident \$25.00

Non-Resident \$30.00

For the use of the bathrooms, you can pick up the key the week of your scheduled rental. You will receive the security deposit check or cash of \$10.00 back when you return the key. The key must be returned within 5 days of your rental.

Note a security deposit of \$50.00 is required to be submitted and will be DESTROYED following an inspection and confirmation that no damage occurred during your event. DEPOSIT CHECK MUST BE SEPARATE FROM RENTAL FEE CHECK.

Applicant Signature _____ Date _____

For Borough Use only

Park _____ Date of Use _____ Time of Use _____

Amount Paid _____ Payment _____ Deposit _____ Payment _____