



READING RECREATION COMMISSION
320 S. 3RD ST. READING PA 19602
PHONE: 610-655-6203 FAX: 610-655-6130

RECREATION FACILITY/SITE APPLICATION PERMIT

FACILITY REQUESTED: _____

APPLICANTS NAME: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____ EVENING TELEPHONE: _____

FAX NUMBER: _____ E-MAIL _____

SIGNATURE REQUIRED FOR PERMIT FOR *USE BY AN INDIVIDUAL/UNORGANIZED GROUP*

I understand that I will be responsible for any damages to the facility/field/equipment during the period for which I have reserved. In addition, I agree to make sure the area is cleaned up and in good condition for the next group. I will notify the Reading Recreation Commission during the next available business day of any damages or concerns (610-655-6203). *A notarized Hold Harmless Indemnification Agreement is required.* The lack of filing *notarized Hold Harmless Indemnification Agreement* shall result in the denial of this permit and/or forfeiture of this permit and the administrative service fee of \$25.00.

Signature of Applicant

Date

WILL PROVIDE CERTIFICATE OF INSURANCE (REQUIRED FOR GYM RENTALS ONLY)

SIGNATURE REQUIRED FOR PERMIT FOR *USE BY AN ORGANIZED GROUP/COMPANY*

I understand that as the representative of the organization/team/club/league seeking a Recreation Facility/Site Permit, I shall be responsible for securing a Certificate of Insurance for any gym usage. I also understand that I will be responsible for any damages to the facility/field/equipment during the period for which I have reserved. In addition, I agree to make sure the area is cleaned up and in good condition for the next group. I will notify the Reading Recreation Commission during the next available business day of any damages or concerns (610-655-6203). *A notarized Hold Harmless Indemnification Agreement is required.* The lack of filing a *notarized Hold Harmless Indemnification Agreement* shall result in the denial of this permit and/or forfeiture of this permit and the administrative service fee of \$25.00.

Signature of Applicant

Date

LIST DATE(S) AND TIME(S) THE FACILITY/SITE IS DESIRED:

EVENT: _____ # of PARTICIPANTS EXPECTED: _____

FACILITY/SITE USE FEE(S): _____ DEPOSIT (if applicable): _____

DEPARTMENT USE ONLY

Times and Dates Approved: _____ TOTAL DUE \$ _____

Exceptions: _____

AMOUNT RECEIVED _____

BALANCE DUE _____

DATE REC'D _____ STAFF INITIALS _____

CERTIFICATE OF INSURANCE REQUIRED? **YES NO**

PERMIT APPROVED? **YES NO**

READING POLICE DEPARTMENT APPROVAL: _____ DATE: _____ RRC SIGNATURE: _____