



15 Day Street • East Stroudsburg, PA 18301

Special Event Reservation Agreement

(For non-profits organizations only)

Reservation Information

Event Date _____ Time Period _____ # of Participants _____

Event Description (attach separate sheet if needed) _____

Non-Profit Contact Information

Name _____ Email _____

Organization _____

Address _____ Municipality _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Dansbury Park Pavilion

	<u>Fees</u>		<u>Security Deposit</u>	
	<u>Resident</u>	<u>Non-Resident</u>	<u>Resident</u>	<u>Non-Resident</u>
___ Use of 31 tables for up to 4 hours	\$100.00	\$200.00	\$100.00	\$200.00
___ Use of 62 tables for up to 4 hours	\$150.00	\$300.00	\$100.00	\$200.00

East Stroudsburg Borough/Stroudsburg Borough/Stroud Township Park Pavilion Facilities

	<u>Fees</u>		<u>Security Deposit</u>	
	<u>Resident</u>	<u>Non-Resident</u>	<u>Resident</u>	<u>Non-Resident</u>
___ Per Pavilion for up to 4 hours	\$ 75.00	\$150.00	\$100.00	\$200.00
___ Other facility use for up to 4 hours	\$100.00	\$200.00	\$100.00	\$200.00

*Other facility use requested _____

East Stroudsburg Borough/Stroudsburg Borough/Stroud Township Park Field/Court

	<u>Fees & Security Deposit</u>
___ attached field/court reservation agreement	applicable fees will apply

- 501(c)3 Certificate & Certificate of Liability Insurance must be provided
- Submit with this request a written schedule/layout of the event, activities, and vendors (booths), including stationing of *event staff* (to assist with security, parking, etc.) and port-a-potties if needed and any other pertinent information about the event; a meeting with SROSRC staff needs to occur prior to approval
 - Additional fees may apply, depending on the request, date, facility use, etc.
- Due to park capacity and facility limitations, certain kinds of special events may only be held during the off season dates October 1 – April 30 (season dates may vary)
 - Vendor fees will apply if approved

Renter's Acknowledgements and Responsibilities

- Renter acknowledges that reservations are accepted at the Day Street Community Center on a first-come, first-served basis and the facility is only reserved upon submission of a completed reservation agreement and payment of the required fees and security deposit, if applicable.
- Renter acknowledges that any sale of food and/or product requires a separate Vendor Permit.
- Renter acknowledges receipt of and agrees to abide by the Stroud Region Park, Trail & Facilities Rules and Regulations, posted municipal park rules, and further agrees to notify all participants at its event of these rules and regulations.
- The Renter shall indemnify, save harmless, and defend SROSRC and the municipal owner from all claims, liabilities, suits, judgments, verdicts, actions or proceedings at law or equity of any kind arising out of or related to this Agreement unless the same arises primarily out of the negligent action or inaction of SROSRC, municipal owner or their employees, agents or servants. Such actions shall include, among other things, injury to property, and injury, sickness, or death of Individuals, including, without limitation, members of the public and officers, agents, and employees of the Renter.
- The Renter acknowledges and agrees that if it is an organization it shall submit to SROSRC a Certificate of Insurance in the minimum amount of \$500,000 naming the municipal owner and SROSRC as Additional Insureds.

Agreement

I have read and agree to the above Renter's Acknowledgements and Responsibilities and agree to be bound thereby:

Renter Signature _____ Date _____

Staff Approval / Denial _____ Date _____

Conditions for Approval _____

Reasons for Denial _____

*If your application is denied, you may appeal the decision to the Commission. If you would like to appeal, you must provide a written request to appeal and will be placed on the agenda for the next meeting.

FOR SROSRC STAFF USE

	Amount	Date Paid	Cash or Check No.	Refund Date/Check No.
Security Deposit				
Reservation Fee				
Additional Fee(s)				
Total				

501(c)3 Certificate	<input type="checkbox"/> Required	Date Received:
Certificate of Insurance	<input type="checkbox"/> Required	Date Received:
Additional Insured	<input checked="" type="checkbox"/> SROSRC	<input type="checkbox"/> Stroud Township
	<input type="checkbox"/> Borough of Stroudsburg	<input type="checkbox"/> Borough of East Stroudsburg