TOWNSHIP OF MIDDLETOWN
DELAWARE COUNTY, PENNSYLVANIA

ROOSEVELT COMMUNITY CENTER • 464 S. OLD MIDDLETOWN ROAD • MEDIA, PA 19063

610-565-2700 Ext. 300 • Roosevelt@middletowndelcopa.gov

APPLICATION FOR FACILITY USE

Name of Organization: _____

Primary Contact: _____

Cell Phone Number: _____

Email Address: _____

Requested Room(s): Auditorium Classroom(s)

Date(s) Requested: _____

Time (Start/Finish) _____ to _____

Primary Purpose: _____

_____

I, the below signee, agree and attest that I can commit on behalf of the above-named organization and agree that we shall abide by the regulations herein set forth and do understand that these regulations are a condition of an agreement; and be it understood that if this application is approved by the Township of Middletown, it is an agreement, in fact. The Roosevelt School in whole or in part shall be rented for general community benefit at the sole discretion of Middletown Township and amended in the future if desired for individual use. It is not the intent of the facility to be rented to for-profit organizations, unless determined at the sole and absolute discretion of the Township to have a reasonable community benefit and/or need.

The organization and the undersigned making application for the use of the facility, including its officers, heirs and assigns shall agree to indemnify and hold harmless the Township for any and all damages to the Township or to other property by any person or persons, their heirs or assigns, attending the scheduled event, and likewise indemnify the Township against all liability for any or all damages to any person or persons, their heirs and assigns for injuries, medical expenses, lost wages and including death. The use of the building shall be restricted to the purpose for which it was authorized, and the Township reserves the right to restrict, reject, or change any reservation as well as supervise the use of the building at its sole and absolute discretion as to carry in effect the provisions and intent of these rules and regulations.

_____ _____
Signature of Primary Contact/Organization Date

_____ _____
Witness Signature Date

[Official Use Only]: APPROVE / DECLINED FEE(S): _____

Approved By: _____ Date: _____