

**Application for Permit for Plum Street Pavilion  
Plum Street, Fair Oaks, PA 15003**

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1. Date of Event: \_\_\_\_\_

Time of Event (including set-up and clean-up time): \_\_\_\_\_ - \_\_\_\_\_  
(beginning time) (ending time)

2. Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

For any issues  
during your rental,  
please call the  
Leet Township  
Police Department  
at  
724-266-6141

3. Event:

Intended Use: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

4. Alcohol:

Will Alcohol be Served? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Responsible Party: \_\_\_\_\_

\*\* Responsible Party must provide proof of age. \*\*

*In applying for this permit, the Applicant agrees to comply with all park rules and ordinances and is responsible for excessive cleanup or damages.*

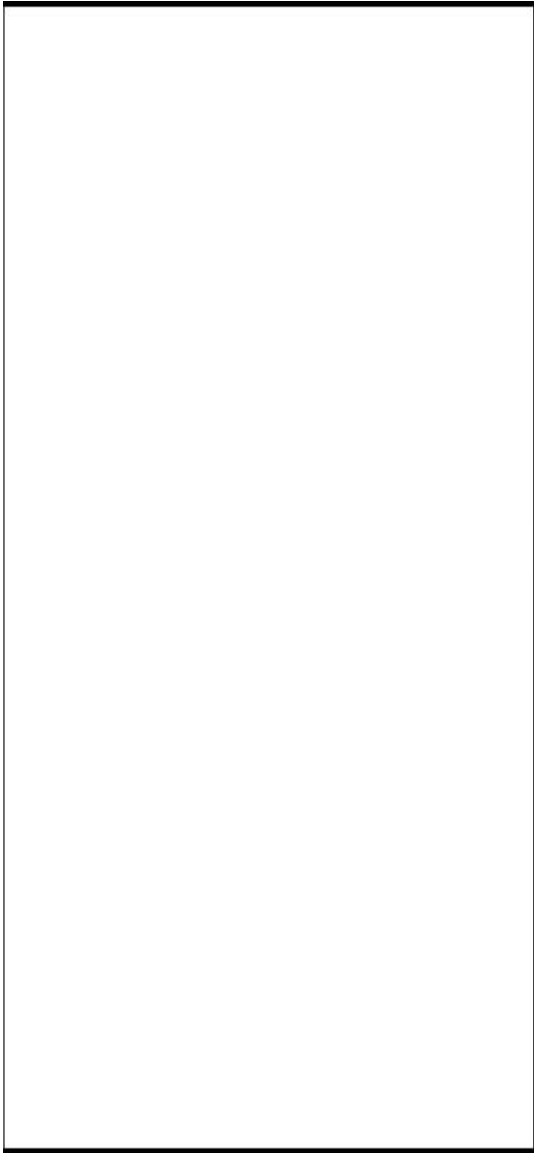
*In addition to observing the Pavilion Ordinance, the Applicant is responsible for all guests and their behavior. No games of chance or selling of items is permitted. The Applicant and their guests are required to respect the Pavilion, equipment, trees, shrubs, flowers and other property.*

*The Applicant specifically agrees that if a permit is issued to them they will indemnify, defend, and hold harmless the Township (and its directors, officers, employees, affiliates, and assigns) from and against any and all claims or causes of action for personal injury, illness, death, property damage, costs and attorney's fees directly or indirectly arising from or related to, in any respect, the use of the Pavilion, any playground equipment, any other park property, any other park facility, any other Township property, or any act by the permit holder, their family, or their guests including but not limited to any dram shop liability.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Leet Township  
Official Use Only**



**PARK PERMIT:**

Deposit Paid: \$ \_\_\_\_\_

Date Deposit Paid: \_\_\_\_\_

Official's Initials: \_\_\_\_\_

Date Deposit Returned: \_\_\_\_\_

Official's Initials: \_\_\_\_\_

For Non-Resident:

Fee Paid: \$ \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

Official's Initials: \_\_\_\_\_

**ALCOHOL PERMIT:**

Alcohol Permit Fee Paid: \$ \_\_\_\_\_ (\$10 fee for each date booked)

Name of Responsible Party: \_\_\_\_\_

Has Responsible Party provided proof of age? \_\_\_\_\_

Official's Initials: \_\_\_\_\_