

PARK FACILITIES RESERVATION CONFIRMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (CONTACT PERSON): \_\_\_\_\_

EVENT: \_\_\_\_\_

AFTER DARK APPROVAL: \_\_\_\_\_

RESERVATION DATE AND TIME: \_\_\_\_\_

FACILITY RESERVED: \_\_\_\_\_

BOARD APPROVAL: \_\_\_\_\_

BINDER REQUIRED: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

SPECIAL ACCOMODATIONS: \_\_\_\_\_

BOARD APPROVAL: \_\_\_\_\_

AMOUNT OF FEE: \_\_\_\_\_

CASH \_\_\_\_\_

CHECK NO. \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

\_\_\_\_\_  
TOWNSHIP SECRETARY  
SUSQUEHANNA TOWNSHIP

\*Pavillion Reservations--Lavatories & Electricity Provided  
Lavatories Opened for Park Events by Request