

**PENN TOWNSHIP**  
**717-632-7366**

**20 WAYNE AVENUE**  
**HANOVER, PA 17331**

**APPLICATION FOR PENN TOWNSHIP COMMUNITY ROOM**

(Please Call Township to Confirm Date)

NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ORGANIZATION: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Person responsible for organization: \_\_\_\_\_

Purpose for requesting the use of the room: \_\_\_\_\_

\_\_\_\_\_

The purpose and function of your organization: \_\_\_\_\_

Is your organization a nonprofit group: ( ) Yes ( ) No

DATES REQUIRED: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME REQUIRED: \_\_\_\_\_

*Note: A fee is assessed per event. Your fee is \_\_\_\_\_ and payable when keys are issued. If any organization fails to return the Community Room key by noon following the day they use the facility, they will no longer be able to utilize the facility. This key can be placed in the overnight box or returned in person.*

*Date:* \_\_\_\_\_ *Signature:* \_\_\_\_\_

\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Key issued to: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date of issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of approval: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of return: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount due: \$ \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_