



Special Event Reservation Agreement

Reservation Information

Event Date _____ Time Period _____
 Event Purpose _____ Approx. Participants _____

Renter's Information

Name: _____ Email: _____
 Organization (if applicable): _____ Nonprofit: Y or N (circle one)
 Address _____ Municipality _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____

Locations:

Dansbury Park Facility

	Fees	Security Deposit
<input type="checkbox"/> *Non-Profit – Community Event/Fundraiser	fee waived/donation welcomed	\$100.00
<input type="checkbox"/> *Non-Profit - Private Event (use of 1/2 pavilion)	\$ 93.00	\$100.00
<input type="checkbox"/> *Non-Profit - Private Event (use of entire pavilion)	\$ 186.00	\$100.00
<input type="checkbox"/> **For-Profit - Private Event (use of 1/2 pavilion)	\$ 186.00	\$100.00
<input type="checkbox"/> **For-Profit - Private Event (use of entire pavilion)	\$ 372.00	\$100.00

E. Stroudsburg/Stroudsburg/Stroud Township Park Facilities

<input type="checkbox"/> *Non-Profit – Community Event/Fundraiser	fee Waived/donation welcomed	\$100.00
<input type="checkbox"/> *Non-Profit – Private Event	\$ 75.00	\$100.00
<input type="checkbox"/> **For-Profit - Private Event	\$ 75.00	\$100.00

*Non-profit rates are for organizations who present their 501(c)(3) Certificate & Certificate of Liability

**For-profit rates are for organizations, businesses, individuals, clubs, etc. not having a 501(c)(3) Certificate

Check facilities to be used: Baseball field Soccer Field Courts Pavilion Bathrooms Electric Lights

Renter will supply: Security or SARP DJ's Bounce houses Port-a-potties

Vendors (list what types) _____ Other _____

Special requests/considerations: _____

Schedule of ALL events that will take place along with a map layout

Certification: For all vendors and renters requesting to serve food at their special event, a copy of the ServSafe certification must be supplied and details of food preparation needs to be reviewed by the Municipal Health Code Inspector and SROSRC's Executive Director. An inspection may be conducted at the facility where food is prepared

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 Signature _____ Date _____

FOR SROSRC STAFF USE

	Amount	Date Paid	Cash or Check No.	Refund Date/Check #
Security Deposit				
Reservation Fee				
Total				
ServSafe Certificate	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required		
Certificate of Insurance:	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required	Date Received:	
Additional Insured:	<input checked="" type="checkbox"/> SROSRC	<input type="checkbox"/> Borough of Stroudsburg	<input type="checkbox"/> Stroud Township	<input type="checkbox"/> Borough of East Stroudsburg