## SUMMIT TOWNSHIP APPLICATION FOR DONATED USE OF TOWNSHIP FACILITIES

Name:								
Address:								
Telephone:								
Organization:								
Check One:	Profit	Non-Pro	ofit*	_ Other				
Other	please explain: _	(use back of a	pplication if ad	ditional space is	required)			
Facility requested:							(Picnicana, Comm. Park, Meeting room, etc.)	
Dates(s) and times requested:							ng room, etc.)	
Intended Purpose:								
Insurance Carrier:								
on behalf of themselves, their organization and its members, agrees to abide by said rules and regulations and does hereby release, indemnify and defend the Township, its officials, agents, and employees from any and all claims arising out of the use of Township facilities. And do further agree to repair or replace (at Township's discretion) any property damaged or destroyed by the applicant, organization, members, guests or any persons in any way related to the requested usage of Township facilities.								
Date		Signature			Title			
<ul> <li>* Non-profit organizations must provide proof of non-profit status.</li> <li>*** No vehicles may be driven or parked on grass, fields or playgrounds. No fighting, arguing, or other loud or tumultuous conduct shall be permitted.</li> </ul>								
FOR TOWNSHIP USE ONLY								
	Application is:		Appi		Deni	ed		
	Dates(s) approv	ed:						
	Insurance inform	nation:	Provide	ed	Waive	ed		
	Fee: \$		Authc	rized Township	Official/Agent S	bignature		
							뢴	