

# APPLICATION AND RENTAL AGREEMENT KISHACOQUILLAS PARK

Derry Township  
73 Reserve Lane  
Lewistown, PA 17044

Phone: 717-248-8151  
Fax: 717-248-0063  
[twpmanger@derrytwp.info](mailto:twpmanger@derrytwp.info)

**Applicant:** Name of Organization or Individual: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_  
 Alternate Telephone No: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Address of Contact Person: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_  
 Alternate Telephone No: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Facility or Facilities Desired to Utilize\*\* (List pavilion, stage or other area desired to use):**

PAVILION	MARK ONE OR MORE	PAVILION	MARK ONE OR MORE
ORANGE		BLUE	
GREEN		SCOOTER CAR	
BROWN		RED	
GRAY		CREAM	
YELLOW			
STAGE		PROPOSED USE OF STAGE( <i>describe</i> ):	

**\* SPECIAL EVENTS – USAGE FEES**

**1. IN SEASON RATES\* (APRIL through OCTOBER)**

Number of days	Daily Fee	# of days	Please indicate dates of event here:	Total Cost
1 – 7 days	\$25/day			
Over 10 days	\$250 max			
Alternate Dates:				

**2. OUT OF SEASON RATES\* (NOVEMBER through MARCH)**

Number of days	Daily Fee	# of days	Please indicate dates of event here:	Total Cost
1 – 7 days	\$10/day			
Over 20 days	\$200 max			
Alternate Dates:				

**Hours of Event:** \_\_\_\_\_  
 \_\_\_\_\_

**Purpose of the Event or Use:** *(please attach another sheet if more space is needed)*

**AGREEMENT TO PAY FEES, PROVIDE INSURANCE AND TO MAKE PAYMENT FOR DAMAGES TO PARK FACILITIES RESULTING FROM THE EVENT:**

The Applicant, \_\_\_\_\_, agrees to make payment of any fee and provide the required liability insurance to the Township at the Township Office located at 73 Reserve Lane, Lewistown, PA 17044, at least seven (7) days prior to a scheduled event. Furthermore, it is agreed that any and all damages inflicted on park facilities during the sponsored event will be billed to Applicant. The Applicant agrees to make payment to the Township of Derry for such damages within thirty (30) days of the date of an invoice issued by the Township.

**The Applicant agrees and is required to include the following on any displays, advertisement or signage of event:**

**“THIS EVENT IS NOT SPONSORED OR ENDORSED BY DERRY TOWNSHIP, MIFFLIN COUNTY.”**

This APPLICATION AND RENTAL AGREEMENT is executed by the undersigned, being authorized so to do, and who individually, or on behalf of the organization, as applicable, agrees to be legally bound hereby or agrees that the organization is legally bound hereby and, if an organization, represents that he or she is duly authorized to bind the organization.

**APPLICANT\*:**

Witness:

\_\_\_\_\_

Sign: \_\_\_\_\_

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

Dated: \_\_\_\_\_

**\* If the person executing this application is doing so on behalf of an organization, the person must be authorized to bind the organization. By executing this Application, the person verifies that he or she is so authorized.**

**FOR TOWNSHIP USE:**

**Fee paid for Facility Use \$** \_\_\_\_\_ **Date Paid** \_\_\_\_\_

**Fee paid for Clean Up \$ 125.00** **Date Paid** \_\_\_\_\_

(This fee will be returned after the event, upon inspection of the event area by Township personnel and upon a finding that the “Clean Up” of the event area, in the sole discretion of the Township Supervisors, is deemed to be satisfactory. Otherwise, the fee will be forfeited to the Township).

**Liability Insurance\*\*:** Liability Insurance shall be provided for the Event in the minimum amount of One Million and no/100 Dollars (\$1,000,000.00):

Date Provided: \_\_\_\_\_

**\*\*The Township of Derry, Mifflin County, Pennsylvania, it Supervisors, officers and employees must be listed as “additional insureds”. A Certificate of Insurance is required to be provided to the Township Secretary seven (7) days prior to the event.**

This Application and Rental Agreement has been reviewed and approved by the Township of Derry.

**Signed: TOWNSHIP OF DERRY**

By: \_\_\_\_\_  
Authorized Person

Date: \_\_\_\_\_