



Building Rental Request Form

Spring Grove Regional Parks and Recreation Center

50 North East Street Suite 1

Spring Grove, Pa 17362

717-225-9733

Name: _____

Address: _____

Phone # _____

Email: _____

Description of Activity/Event: _____

Date Requested: _____ Time Requested: _____

Room Requested: _____

Additional
Information: _____

We will contact you as soon as possible regarding your rental request. Once date is approved we will notify you and sent you a rental contract which must be signed and returned with your deposit before your rental date. Thank you

SGRPRC STAFF

Office Use only:

Request Received by: _____ (Employee) Date: _____

Approved or Declined (Circle One)

Approved By: _____ (Executive Director)

Renter Contacted By: _____ (Booking Agent) Date: _____