



BUILDING RENTAL REQUEST FORM

**SPRING GROVE AREA RECREATION CENTER
50 NORTH EAST STREET SUITE 1
SPRING GROVE, PA 17362
springgroverec@comcast.net
717-225-9733**

NAME: _____

ADDRESS: _____

PHONE #: _____ **Email:** _____

DESCRIPTION OF ACTIVITY/EVENT _____

DATE REQUESTED: _____

TIME REQUESTED: _____

ROOM REQUESTED: _____

APPLICANTS SIGNATURE: _____ **DATE:** _____

WE WILL CONTACT YOU AS SOON AS POSSIBLE. ONCE DATE IS APPROVED YOU WILL RECEIVE A CONTRACT THAT MUST BE SIGNED AND RETURNED BEFORE YOUR RENTAL DATE. THANK YOU

PLEASE MAIL OR EMAIL THIS FORM TO THE ADDRESS ABOVE

OFFICE USE ONLY BELOW

RENTAL FEE: _____

APPROVED: _____ (DIRECTOR'S SIGNATURE)

DATE: _____

APPLICANT CONTACTED: _____ (DATE)

CONTACTED BY : _____ (EMPLOYEE'S NAME)