



Hamilton Jackson Pocono Park and Open Space Commission
 2162 Route 715, P. O. Box 194
 Reeders, PA 18352-0194
 Office: (570) 629-0966
 Fax: (570) 629-1016
 director@hjpparks.org
 www.hjpparks.org

Request to utilize Park and/or Open Space Facility

 Name of Family, Group or Organization – (Name to be placed on reservation sign)

 Address Township (if applicable)

 City State Zip

 Phone Number(s) Type of Group (i.e. Church, Civic Club, etc.) Total Number in group

 Date Requested Start Time (Park closes at 8:00 PM) End Time

Facility/Ball Field Requested Information _____ Roster included _____ Proof of Insurance

 Contact Person Address Email

 City State Zip

X _____
 Signature of responsible person for family, group or organization

I agree to adhere to all rules and regulations provided to me and take full responsibility for the actions of the above Family, Group or Organization.

OFFICE USE ONLY

_____ Proof of Insurance _____ Roster Provided _____ Ball Field Approved _____ Facility Requested Approved

 501(c)(3) letter Approved date Disapproved date Pavilion/Ball Field # Assigned Fee \$

 HJP Representative Signature Date

Notes:

