

# Borough of Morton NON-MORTON RESIDENTS

500 Highland Avenue  
Morton, Pennsylvania 19070  
Ph: 610-543-4565 fax: 610-543-8392  
Mortonboro1@yahoo.com

TODAY'S DATE: \_\_\_\_\_

**Hall is not air conditioned**

NAME \_\_\_\_\_ phone# \_\_\_\_\_

Email: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

DATE OF AFFAIR \_\_\_\_\_

TYPE OF AFFAIR \_\_\_\_\_

REQUESTED HOURS – FROM \_\_\_\_\_ A.M./P.M. (please include total time  
from decorating to cleaning up)

TO \_\_\_\_\_ A.M./P.M.

TABLES & CHAIRS NEEDED? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW MANY TABLES \_\_\_\_\_ HOW MANY CHAIRS? \_\_\_\_\_

\*Boro can provide 15 tables

\*Boro can provide approx. 100 chairs

APPROXIMATE NUMBER OF PEOPLE \_\_\_\_\_ (max. allowed = 150)

SIGNATURE OF APPLICANT \_\_\_\_\_

COUNCIL APPROVAL SIGNATURE \_\_\_\_\_

FEE = \$60.00 PER HOUR

SECURITY DEPOSIT= \$150 Security Deposit-(no exceptions) TOTAL DUE \_\_\_\_\_

SECURITY DEPOSIT RECEIVED: \_\_\_\_\_ EVENT FEE RECEIVED \_\_\_\_\_

DATE RECEIVED \_\_/\_\_/\_\_

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I/We understand that in being permitted to use the facilities of the Borough, that I/We are assuming the risk for any and all physical injuries to me, or any member of the organization, which such facilities are intended herein. In case of injury, I/we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them, as well as the Borough of Morton, or any official employee thereof. I/we likewise release from responsibility any persons transporting myself, or us to or from the facilities. I/we understand that no alcoholic beverages are to be brought onto or upon the premises. As group head, I take responsibility for protecting the property from any damage while being used by our group and for cleaning the facility completely after use. Our group will pay for any maintenance necessary due to our use of the facility if it exceeds the normal maintenance.

Signature of Applicant \_\_\_\_\_

APPLICANT

FOR

HALL

RENTAL

APPLICANT

FOR

HALL

RENTAL