



15 Day Street • East Stroudsburg, PA 18301

Regional Park & Facilities Reservation Agreement

Tables & Pavilions

Reservation Information

Event Date _____

Time Period _____

Event Purpose _____

Approx. Participants _____

Renter's Information

Name _____

Email _____

Organization (if applicable): _____

Nonprofit: ☐ Y ☐ N

Address _____

Municipality _____

City _____

State _____ Zip _____

Phone _____

Cell _____

Table(s)

☐ Albertson Park Gazebo (0)
☐ Bryant Park Gazebo (1 table)
☐ Miller Park (2 tables)
☐ Dansbury Park Counterman Pavilion (62 tables)
☐ # of tables renting – list #'s _____

Fees

\$6.00/table

Security Deposit

\$50.00 / Resident
 \$100.00 / Nonresident

Pavilion

☐ Albertson Park (4 tables)
☐ Big Pines Park (6 tables)
☐ Brodhead Creek Park – (entrance pav.)(8 tables)
☐ Brodhead Creek Park – Hosko Pavilion (pond pav.)(8 tables)
☐ Stroudsburg Borough Pool (6 tables)
☐ Stroudsburg Borough Park (6 tables)
☐ Zacharias Pond (6 tables)

Fees

Resident
 \$75.00 for 4 hours
 \$25.00 each additional hour(s)
 Nonresident
 \$150.00 for 4 hours
 \$25.00 each additional hour

Security Deposit

\$50.00 / Resident
 \$100.00 / Nonresident

Renter's Acknowledgements and Responsibilities

- Renter acknowledges that reservations are accepted at the Day Street Community Center on a first-come, first-served basis and the facility is only reserved upon submission of a completed reservation agreement and payment of the required fees and security deposit, if applicable.
- Renter acknowledges that any sale of food and/or product requires a separate Vendor Permit.
- Renter acknowledges receipt of and agrees to abide by the Stroud Region Park, Trail & Facilities Rules and Regulations, posted municipal park rules, and further agrees to notify all participants at its event of these rules and regulations.
- The Renter shall indemnify, save harmless, and defend SROSRC and the municipal owner from all claims, liabilities, suits, judgments, verdicts, actions or proceedings at law or equity of any kind arising out of or related to this Agreement unless the same arises primarily out of the negligent action or inaction of SROSRC, municipal owner or their employees, agents or servants. Such actions shall include, among other things, injury to property, and injury, sickness, or death of Individuals, including, without limitation, members of the public and officers, agents, and employees of the Renter.
- The Renter acknowledges and agrees that if it is an organization it shall submit to SROSRC a Certificate of Insurance in the minimum amount of \$500,000 naming the municipal owner and SROSRC as Additional Insureds.

Agreement

I have read and agree to the above Renter's Acknowledgements and Responsibilities and agree to be bound thereby:

Renter Signature _____ Date _____

Staff Signature _____ Date _____

FOR SROSRC STAFF USE

| | Amount | Date Paid | Cash or Check No. | Refund Date/Check No. |
|------------------|--------|-----------|-------------------|--------------------------|
| Security Deposit | | | | |
| Reservation Fee | | | | |
| Total | | | | |

| | | |
|----------------------------------|---|--|
| Certificate of Insurance: | <input type="checkbox"/> Required <input type="checkbox"/> Not Required | Date Received: _____ |
| Additional Insured: | <input checked="" type="checkbox"/> SROSRC <input type="checkbox"/> Borough of Stroudsburg | <input type="checkbox"/> Stroud Township <input type="checkbox"/> Borough of East Stroudsburg |