

Township of Avon

Application to Use the Avon Township Hall

A. Requested use date(s) _____

B. Requested use time(s) _____

C. Purpose of use (describe function and estimated number of people)

D. Name of organization _____

E. Responsible agent (***must*** be Avon Township resident)_____

a. Address _____

b. Phone _____

c. Email _____

I, _____ (print name), have read and understand the rules and policies governing the use of the Avon Township Hall facilities and, as the responsible agent, accept both personally and for my organization, full liability for compliance with them, including financial responsibility. Furthermore, on behalf of my organization, I hereby release and hold harmless the Township of Avon for any and all claims for damages or injury related to the requested use.

Responsible Agent Signature _____ date _____