



GREEN VALLEY PARK
 New Sewickley Township
SHELTER RESERVATIONS

Date: _____ Group: _____

Name: _____ Phone#: _____

Address: _____ Number in Group: _____

Large Shelter: _____ Fee: _____ Date Received: _____

Small Shelter: _____ Fee: _____ Date Received: _____

Gazebo: _____ Fee: _____ Date Received: _____

NO REFUNDS!

Fee covers use of shelter only. Township cannot guarantee availability of other facilities.

I hereby agree that I will be responsible for the members of my group.

Please make Check payable to: **New Sewickley Township**

Signature: _____