HALL RESERVATION FORM

COHOCTAH TOWNSHIP

NAME	PHONE
ADDRESS (phys	sical)
ADDRESS (mail	ing)
DATE OF USE_	HOURS
PURPOSE	
Residents, comm Nonresidents- \$1	Do not move or attempt to use copy machine
	LEAVE NO TRACE
A deposit of \$25. conditions have	00 is required and will be returned by mail provided all of the above been met.
	d agree to the regulations stated above and further agree to be held any damage that may occur to the hall and its contents during by
Signature Rev 4/1/09 bm	Date