

Application # BT2017- _____

Permit Issued ____/____/2017

Date Received:


Band Trailer Reservation Request 2017

Office Use Only:

Rental Fees:
 \$640 in city
 \$690 out of city
 \$75 per additional day
 Total Amount Due: _____

Other Requirements Received:
 Insurance Approved Date: _____
 \$100 Deposit Received Date: _____
 Map Provided Yes No

All Requirements Received Date: _____
 Remaining Balance Paid Date: _____
 Event Completed Date: _____

	City of Allentown Department of Parks & Recreation 3000 Parkway Blvd, Allentown PA 18104 Christina.Leon@allentownpa.gov		
Event Title:			
Date(s) Needed:			
Place:			
Exact Location of Set-up:			
Set-up Time	Start of Event Time	End of Event Time	Tear-Down Time

Name of Applicant:		Company or Organization Name:	
Address:	Street:		
	City:	State:	Zip Code:
Telephone:	Work:	Home:	Cell:
E-mail Address:			

Reason for Rental:		Number of People on Trailer:	
Comments:			

The Department of Parks and Recreation reserves the right to:

1. Schedule City-Sponsored events for first priority
2. Cancel dates/events due to inclement weather
3. Refuse to place the trailer where safety hazards exist

Requirements:

- ❖ \$100 deposit due at the time of reservation.
- ❖ Please provide a map of location desired when submitting your application.
- ❖ Insurance requirements as follows:
 - *At least 30 days prior to your event*, please provide us with a copy of your Certificate of Liability Insurance naming the **City of Allentown as the additional insured in the amount of \$1,000,000**. The Certificate Holder must read:

City of Allentown
c/o Parks & Recreation
435 Hamilton St.
Allentown, PA 18101
 - Please be sure to include the date(s) of your rental in the “description” section.
 - Also, as part of the insurance, we will need a copy of the **Additional Insured Endorsement Page** in ADDITION to the certificate of liability insurance, naming the City of Allentown as the additional insured.
- ❖ ***Final balance due no later than 30 days following your event date.***

Signature of Applicant:	Date:
X	