BOROUGH OF JEFFERSON HILLS
RECREATION BOARD

925 Old Clairton Road
Jefferson Hills PA 15025
(412) 655-7735

APPLICATION FOR ATHLETIC FACILITY

DATE_____

APPLICANT_____PHONE_____

ADDRESS_____

RESIDENT: YES NO (PLEASE CIRCLE)

ORGANIZATION / GROUP_____

FACILITY REQUESTED_____

TIME PERIOD: FROM_____TO_____

DAY(S)_____
BE SPECIFIC

Note: The required fee will be paid by check or money order to the Borough of Jefferson Hills. Cash will not be accepted. The Borough of Jefferson Hills Recreation Board reserves the right to exclude dates upon prior notice to the permit holder. Appropriate fees will be refunded. Rained out activities are the responsibility of the permit holders.

_____
Signature of Applicant

(Official Use)

FEE REQUIRED_____

AMOUNT PAID_____

AMOUNT DUE_____

APPROVED: YES NO

_____
Recreation Board Member