

**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