

Year of Event

APPLICATION FOR USE OF SILVER SPRING RETREAT CENTER AT THE HISTORIC WAUGH-WILSON HOUSE

Please read carefully the attached "Rules & Regulations" and **return your application to Karen Karkuff at the church address.**

CHURCH ADDRESS: Silver Spring Presbyterian Church ** 444 Silver Spring Road ** Mechanicsburg, PA 17050

Fax: 717-796-2189 Email: Karen Karkuff at karenkarkuff@gmail.com

[SMOKING IS NOT PERMITTED IN THE SILVER SPRING RETREAT CENTER OR
ON THE GROUNDS SURROUNDING THE HOUSE.]

RETREAT CENTER ADDRESS: 404 Silver Spring Road, Mechanicsburg, PA 17050

1. Name of applicant (individual or group) _____

2. Contact person (if organization) _____

3. What facilities are requested? First floor (daytime)____ Second floor (over night)____ Additional information_____

4. On what date or dates is facility desired? Please state the day of the week for each date. In the case of multiple dates, please list all dates. To avoid any confusion, use the back side of this sheet, if necessary.

_____ Start time _____ End time _____

_____ Start time _____ End time _____

_____ Start time _____ End time _____

5. Complete description of activity to be conducted: _____

6. Is this a non-profit organization? Yes / No If yes, explain: _____

7. Who will attend? _____ 8. Number of participants _____

9. Do you or your organization have general liability Insurance? Yes / No

If yes, please attach a copy of your Certificate of Insurance.

I/We, the undersigned, have read the regulations attached to this application, and we agree to assume the responsibility for their proper observances. I/we will be collectively and individually responsible for damage liability as expressed in the regulations. I/we release Silver Spring Presbyterian Church from liability in connection with use of the Silver Spring Retreat Center at the historic Waugh Wilson House and agree to hold it harmless from claims in connection with use by the applicant.

Signature of applicant: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address: _____ City _____ State _____ Zip _____

Email: _____

A deposit of \$50.00, to be applied to the total rental fee, must accompany this application and returned to SSPC, 444 Silver Spring Rd, Mechanicsburg, PA 17050. The application should be received at least 30 days prior to the rental date to hold the facility.

Office Use Only: Approved Disapproved Date _____ Fee \$ _____ Special Conditions _____