



SHREE VAISHNAV PARISHAD HARRISBURG

6641 Clearfield St. Harrisburg, PA 17111

contact@svpharrisburg.org

A 501(c)(3) non-profit organization

EIN: 83-2743696

For SVPH use only:

Reservation: Accepted Denied

Reason/Comment: _____

Total Payment (incl. Sec. Deposit): \$ _____

Remaining Payment: \$ _____

Date: _____

1. Renter Information:

Full Name: _____ Phone: _____

Address: _____

Email: _____

- A. Are you a current member of Shree Vaishnav Parishad Harrisburg (SVPH)? (check the option)
 - Yes, Dollar a Day (for 3+ years)
 - Yes, Lifetime Member / Founding Member
 - No, I would like to register for **Lifetime Membership** OR **Dollar a Day** (for past 3 years)
 - No, I do not wish to get discounted rate

2. Reservation Details:

Event Start Date/Time: _____ Event End Date/Time: _____

Select hall (check the correct option):

- Upper Hall (see reservation policy for upper hall term of use)
- Lower Hall
- Both

Event Purpose: _____ Estimated Number of Attendees: _____

3. Payment Information:

To ensure the protection of our premises, a security deposit is required for all hall rentals: (Read Policy)
Make a check payable to: **Shree Vaishnav Parishad Harrisburg** or Zelle at **DONATE@SVPHARRISBURG.ORG**
SVPH will hold security deposit until your event & refund if there is no policy violation.

Security Deposit: \$ _____ (returnable, read Policy) Initial Rental Payment: \$ _____

Payment Date: _____ Payment Type: Check Cash Other: _____

Received By: SVPH Representative: _____ Signature: _____

4. Agreement:

As the representative of / the renting party, I hereby acknowledge that I have read and understood the Policy outlined by SVPH and take full responsibility during the reservation period.

Signature: _____ Name: _____ Date: _____