

**APPLICATION FOR
PAVILION RESERVATION**

BOROUGH OF EBENSBURG

Name of Applicant _____

Mailing Address _____

Telephone Number _____

Pavilion Desired _____

Date Reserved _____ **Time** _____

Name of Applicant

Signature of Applicant

Date

Borough of Ebensburg
300 West High Street
Ebensburg, Pennsylvania 15931
814-472-8780
814-472-8789 (fax)
eburg@ebensburgpa.com

IMPORTANT – SEE REVERSE