

TOWN OF PHELPS

4495 Town Hall Road, PO Box 157 Phelps, Wisconsin 54554 Phone: 715-545-2270 townclerk@phelpswi.gov www.phelpswi.gov

USE OF TOWN FACILITIES RESERVATION REQUEST FORM

DATE(S) OF USE:			START TIME: FINISH TIME:	
APPLICANT NAME / CON	ITACT PERSON	(Must be 21):		
MAILING ADDRESS:				
NUMBER OF PARTICIPA	NTS:	RESERVATION PURF	POSE:	
FACILITY DESIRED:				
	PAVILION and CC	NCESSION STAND / KI	ITCHEN [] TOWN HALL / COMMUNITY CENTER	
			R FIELD and/or SMALL CONCESSION BLDG [] BALL FIELDS	
	LAKEFRONT PINE		[] FIRE STATION HALL / KITCHEN	
	Deposit. This	deposit will be r key is returned, if a	eimbursed after the event provided the facility is left oplicable.	in
 \$100 per facility fe 	or each day use	ed, including set up a	and take down days.	
donations to the I that receive fund	Town of Phelps ing from the To	in an annual amour own of Phelps, and	ove-stated rental fee: (i) local organizations that make finan nt not less than the total rental fee(s), and (ii) local organization (iii) local non- profit organizations hosting events open to on all fee exemptions.	ons
The Town of Phelp of facilities for any		right to revoke the	fee exemption for any organization at any time and/or deny	use
			ted by midnight. Any exception must be presented to the To vill result in forfeiture of deposit.	wn
	_		n with you. Do not leave anything in the refrigerator or freezelage prior to next use.	ːer,
		HOLD HAI	RMLESS AGREEMENT	
MY USE OF ANY PHELPS TO CLAIMS, INJURIES, OR DAN MY OWN NEGLIGENCE OR INDEMNIFY AND HOLD HAR OF OR CONNECTED WITH	OWN FACILITY IS INTERPRETATION OF THE NEGLIGENCE RIMLESS THE TOWN MY USE OF ANY	UNDERTAKEN AT MY (EVER NATURE INCUR) E OF MY ORGANIZATIC IN OF PHELPS FROM A PHELPS TOWN FACII	OLUNTARY AND THAT I AM USING IT FOR MY BENEFIT ONLY. I AGRE OWN RISK AND THAT THE TOWN OF PHELPS WILL NOT BE LIABLE F RED BY ME, MEMBERS OF MY ORGANIZATION OR THIRD PARTIES ON OR THE NEGLIGENCE OF THE THIRD PARTIES. I ALSO AGREE TO D ANY CLAIMS, INJURIES, OR DAMAGES OF WHATEVER NATURE ARISII LITY. I AGREE TO REIMBURSE THE TOWN OF PHELPS FOR ANY DA SE OF ANY PHELPS TOWN FACILITY.	OR ANY DUE TO DEFEND, NG OUT
DATE:				
	APPLICAN	NT NAME (PRINT)	APPLICANT SIGNATURE	
Fee Pd \$				
One-Time Deposit Pd \$ Deposit Returned \$	Ck #	 Date	Approved: Date: Town Clerk Signature	