## Caledonia Town Hall Rental Contract

Door Code: \_\_\_\_

N5479 Beich Rd, Portage, WI 53901 (608)742-4801 caltown@caltown.org

Name:	Group Name:		
Mailing Address:			
Phone #: ()	Email:		
Date of Rental:		(end)	
Description of Activity:			
Deposit:	\$75.00		
Rental Fee:	<u>\$75.00</u>		
Total Due (Deposit + Rental Fee) Please use separate checks for depo	\$150.00 osit and rental fees. Check	(s) payable to Town of Caledo	onia.
	Rental Agreement		
Renter agrees to the	Rental Policy and the follow	ving terms and conditions:	
The deposit and rental fee are required of Agreement will not be considered complete, and deposit, rental fee, and completed Rental Agreem If Renter cancels rental reservation at refunded in full. If Renter cancels this reservation be refunded.  Renter understands that there is no smoothee Town Hall must state "this event is not sponsor After the rental, the deposit will be refuted. Township property and that the property has be completed, signed, and left at the Town Hall.  If inspection shows that the property was not per labor hour plus cleaning supply costs to prope If the deposit does not cover the cost to be listed above, the person signing this agreement at the person signing this contract agrees to persor fees, which the Township may incur in enforcing the Renter agrees to hold Township harmless conflicts in scheduling for the use of the Town Hall no notice to the Renter.	least 14 days before the reservation of the days least 14 days before the reservation of	ate will not be considered configur Clerk.  reservations date, the deposit vation date, the full deposit and ohol in the Town Hall. All advernia."  that there has been no loss of fer to clean-up checklist). Clean sit will be used in whole or in pumined by the sole discretion of the withheld from the deposit refunded property and/or to clean the for all such costs in excess of this pactual and reasonable expenses Renter may incur as a result	and rental fee will be d ½ of the rental fee will rtising of events held at or physical damage to n-up Checklist must be part to repair or replace the Town Board, \$20.00 and. The property at the rates the deposit. In addition, nses, including attorney to of errors, omissions, or
Renter Signature	Date	Township Representative	Date
OFFICE USE ONLY Date Received: Am	Group Type: Gnount Received:	GVMT PUBMT CHR/FND PF Chk#:	RIGRP
Deposit Refund Date: Dep	p. Refund Amount:	Chk#:	

If not full refund, reason:\_\_\_