

PLEASE RETURN THIS FORM TO:

TOWN OF PHELPS, PO BOX 157, PHELPS, WI 54554

PHONE/FAX: 715-545-2270;

E-MAIL: townclerk.phelps@gmail.com

Approved: _____
(Town Clerk)

Date: _____ Deposit _____

Date: _____ Refund _____

FEE INFORMATION:

\$100 Deposit: 50% of deposit reimbursed after event if facility left in good condition

\$30 Key Deposit (if applicable): 100% reimbursed upon key return

Non-Profit: No Fee

**RESERVATION FORM
USE OF TOWN FACILITIES**

APPLICANT NAME / CONTACT PERSON (Must be 21): _____

NAME OF ORGANIZATION/EVENT (if applicable): _____

MAILING ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

FACILITY DESIRED:

WAVERING PARK: ☐ PAVILION ☐ BASKETBALL COURT ☐ TENNIS COURT

☐ SOCCER FIELD ☐ BALL FIELDS

OTHER: ☐ DOWNTOWN STAGE/PARK ☐ FIRE STATION HALL / KITCHEN

☐ TOWN HALL ☐ SHOOTING RANGE

DATE OF USE: _____ **TIME OF USE:** _____ **AM/PM TO** _____ **AM/PM**

NUMBER OF PARTICIPANTS: _____ **RESERVATION PURPOSE:** _____

CHECK WHICH BEST DESCRIBES YOUR ORGANIZATION:

☐ INDIVIDUAL/FAMILY ☐ GOVERNMENT ENTITY
☐ FOR PROFIT ☐ NOT-FOR-PROFIT

HOLD HARMLESS AGREEMENT

I UNDERSTAND THAT MY USE OF ANY PHELPS TOWN FACILITY IS VOLUNTARY AND THAT I AM USING IT FOR MY BENEFIT ONLY. I AGREE THAT MY USE OF ANY PHELPS TOWN FACILITY IS UNDERTAKEN AT MY OWN RISK AND THAT THE TOWN OF PHELPS WILL NOT BE LIABLE FOR ANY CLAIMS, INJURIES OR DAMAGES OF WHATEVER NATURE INCURRED BY ME, MEMBERS OF MY ORGANIZATION OR THIRD PARTIES DUE TO MY OWN NEGLIGENCE OR THE NEGLIGENCE OF MY ORGANIZATION OR THE NEGLIGENCE OF THE THIRD PARTIES. I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF PHELPS FROM ANY CLAIMS, INJURIES OR DAMAGES OF WHATEVER NATURE ARISING OUT OF OR CONNECTED WITH MY USE OF ANY PHELPS TOWN FACILITY. I ALSO AGREE TO REIMBURSE THE TOWN OF PHELPS FOR ANY DAMAGE, BREAKAGE, MAINTENANCE OR CLEANUP ARISING OUT OF MY USE OF ANY PHELPS TOWN FACILITY.

Date: _____
APPLICANT NAME (PRINT) APPLICANT SIGNATURE