USE OF TOWN FACILITIES RESERVATION FORM

DATE(S) OF USE: ST.	ART TIME: FINISH TIME:		
APPLICANT NAME / CONTACT PERSON (Must be 21):			
		PHONE:E-MAIL	:
		NUMBER OF PARTICIPANTS: RESE	ERVATION PURPOSE:
FACILITY DESIRED:			
WAVERING PARK: [_] PAVILION [] CO	NCESSION STAND / KITCHEN		
[_] PICKLEBALL COURT	TS [_] SOCCER FIELD [_] BALL FIELDS		
OTHER: [_] LAKEFRONT PINES	PARK / STAGE [] FIRE STATION HALL / KITCHEN		
FEE / CURFEW INFORMATION: • \$100 One-Time Deposit. This deposit will clean/undamaged condition and key is return	be reimbursed after the event provided the facility is left in ed, if applicable.		
• \$100/day for each day used, including set u	ıp and take down days.		
make financial donations to the Town of fee(s), and (ii) local organizations that rece	om the above-stated rental fee: (i) local organizations that Phelps in an annual amount not less than the total rental eive funding from the Town of Phelps, and (iii) local nonthe the public. The Phelps Town Clerk will have discretion		
 The Town of Phelps reserves the right to r and/or deny use of facilities for any reason 	revoke the fee exemption for any organization at any time.		
 Music must end by 11pm. All facilities must be vacated by midnight. Any exception must be presented to the Town Board for approval in advance. Violation of curfew will result in forfeiture of deposit. 			
HOLD HARMLESS AGREEMENT			
MY BENEFIT ONLY. I AGREE THAT MY USE OF RISK AND THAT THE TOWN OF PHELPS WILL NOW WHATEVER NATURE INCURRED BY ME, MEMBIOWN NEGLIGENCE OR THE NEGLIGENCE OF MY OF ALSO AGREE TO DEFEND, INDEMNIFY AND HOW INJURIES, OR DAMAGES OF WHATEVER NATURE.	OWN FACILITY IS VOLUNTARY AND THAT I AM USING IT FOR ANY PHELPS TOWN FACILITY IS UNDERTAKEN AT MY OWN OT BE LIABLE FOR ANY CLAIMS, INJURIES, OR DAMAGES OF ERS OF MY ORGANIZATION OR THIRD PARTIES DUE TO MY ORGANIZATION OR THE NEGLIGENCE OF THE THIRD PARTIES. OLD HARMLESS THE TOWN OF PHELPS FROM ANY CLAIMS, RE ARISING OUT OF OR CONNECTED WITH MY USE OF ANY RSE THE TOWN OF PHELPS FOR ANY DAMAGE, BREAKAGE, MY USE OF ANY PHELPS TOWN FACILITY.		
Date: APPLICANT NAME (P	RINT) APPLICANT SIGNATURE		
PLEASE RETURN THIS FORM TO:	7.177.1 A 1		
TOWN OF PHELPS, PO BOX 157, PHELPS, WI PHONE/FAX: 715-545-2270;	54554 Approved:(Town Clerk)		
E-MAIL: townclerk.phelps@gmail.com	Date:Deposit		
Earn Paris of an December 6 2022	Date:Refund		

Form Revised on December 6, 2023