

VILLAGE OF WESTON DEPARTMENT OF PARKS AND RECREATION RESERVATION FORM

Municipal Center Phone No.: (715)359-6114 Park No.: (715)359-9988

5500 Schofield Avenue

Weston, WI 54476

(Please check which shelter you would like to reserve)

Kennedy Park Shelter (R04) _____ Robinwood Park Shelter (R06) _____
 Yellow Banks Shelter (R09) _____ Kellyland Park Shelter (R02) _____
 Sandhill Park Shelter (R07) _____ Machmuelier Park Shelter (R05) _____

USER FEE SCHEDULE

U	TYPE OF GROUP	RENTAL FEE 10-00-46720	TAX 10-00- 46720	SECURITY DEPOSIT 10-00-23160	TOTAL
	RESIDENT FAMILY/GROUPS	\$50/PER DAY	\$2.75	\$25.00	\$77.75
	NON-RESIDENT FAMILY/GROUPS	\$75/PER DAY	\$4.13	\$25.00	\$104.13
	RESIDENT NON-PROFIT ORGANIZATION	\$50/PER DAY	\$2.75	\$25.00	\$77.75
	RESIDENT BUSINESS	\$150/PER DAY	\$8.25	\$50.00	\$208.25
	NON-RESIDENT, NON-PROFIT ORGANIZATION	\$100/PER DAY	\$5.50	\$25.00	\$130.50
	NON-RESIDENT, BUSINESS	\$300/PER DAY	\$16.50	\$50.00	\$366.50

This form must be completed by the applicant, signed and accompanied by the correct fee and security deposit, before the reserving of the date requested. Upon approval, your application will be returned to you granting exclusive use of the park shelter facility for the date and time period indicated. This form should accompany the applicant during use of the shelter. If any problems arise with another group in the shelter, call the Police Department at 359-4202.

Applicant Name: _____ Reservation Date Requested: _____
 Mo./Day/Yr.
 Organization: _____ Time of Use: From _____ To _____
 Address: _____
 Phone#: _____ Approx. # in Gathering: _____
 Today's Date: _____ Refund to be sent to: _____
 (Name and Address) _____

Will volleyball court be used? Yes No
 Will alcoholic beverages be served? Yes No
 Do you plan to erect any structures? Yes No If yes, explain _____

NOTE: If during use of the park shelter, you overload the electrical circuits and the circuit breakers trip, the resets are located underneath the cover below the meter.

Reservation Terms and Conditions

A refundable security deposit, as indicated above, is required. The applicant is responsible for cleaning the shelter before closing time listed above. If reservation is canceled seven (7) days prior to scheduled event, the security deposit will be refunded. Any additional maintenance and/or materials provided, above and beyond normal maintenance of the shelter and area will be billed on a "time and material" basis to the applicant.

I, the undersigned, accept full responsibility for the terms and conditions of this application.* The applicant agrees to indemnify and save harmless the Village of Weston, and their employees, elected and appointed officials, and agents from any and all liability from claims of bodily injury, property damage, or any other nature whatsoever arising out of the use of the Village of Weston properties herein specified.

* I certify, under penalties of perjury, that all information is accurate and complete.

Applicants signature _____ Date _____

Village approval of application: _____ Date _____

Park Superintendent

FOR VILLAGE USE ONLY

Facility Inspected by: _____ Date _____ Time _____
 Pass _____ Fail _____

Refund Approved: Date _____ Amount _____