



Village of Ashwaubenon
Department of Parks, Recreation & Forestry

900 Anderson Drive • Ashwaubenon, WI 54304
 P: 920.492.2331 F: 920.492.2341
 www.ashwaubenon.gov

Rental Request: Community Center

Request should be dropped off at: Ashwaubenon Parks & Recreation – 900 Anderson D, Ashwaubenon WI 54304

Please call: (920) 492-2331 / Monday -Thursday 7:30 a.m. – 4:30 p.m. / Friday 7:30 a.m. - 11:00 a.m. for availability of dates & times, and to confirm.

Lessee Information

Name _____ (Last, First, middle) Home Phone # _____

Address _____ Cell Phone # _____
 (Street, City, Zip Code)

Email _____

Organization / Business
 Represented (if applicable) _____

Details of Rental Request

Purpose or Function of _____

Date of Rental (Preferred Date) _____ Est. Attendance _____

Room Requested (check one) Activity Room Grand Park Room East Full Grand Park Room

Facility to be **opened** at _____ AM / PM Facility to be **vacated** at _____ AM / PM

Total Hours of Use (Please include your set up / decorating / take down / clean up time) _____ Hours

Event Details (check all that apply)

<u>Meals</u> Catered Kitchen Use Brought From Home	<u>Alcohol</u> Private – Brought on Your Own Catered	<u>Additional Services</u> Large Projector (\$30) Grand Park Room Only Cordless Mic/Lavalier (No Charge) TV with DVD Player-Activity Room Only (No Charge)
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Other Information _____

****NO CASH BARS ARE PERMITTED AT THIS FACILITY DUE TO STATE LIQUOR PROVISIONS****

I agree to indemnify and hold harmless the Village of Ashwaubenon 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 Ashwaubenon properties herein specified. I have received a copy of the rental information and agree to abide by all the rules and regulations for the use of buildings and facilities; and to adhere to all specifications and limits listed.

****Businesses and Public Events shall provide proof of insurance outlining the aforementioned****

NOTE: The Parks and Recreation Director, or designee, reserves the right to cancel and/or relocate any reservation, if the reservation threatens the integrity of the park and/or facility due to; 1) misrepresentation of information on application, 2) unsafe facility conditions, 3) weather conditions.

Lessee Signature _____ **Date** _____

IMPORTANT PHONE #'s: To be used if your building supervisor is not on site and you are unable to get into the building at your scheduled rental time. ****Please place calls in this order until you are able to reach someone****

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|---|--------------|-----------------|--------------|
| 1) Saturday & Sunday On-Call (June - August only) | 920-609-0213 | 3) Rex Mehlberg | 920-371-1701 |
| 2) David Roehrig | 262-353-8320 | | |

Contract is not valid without Full Payment, Department Signature.

For Office Use Only

Rental Fees \$ _____ + Tax \$ _____ = Total \$ _____ Deposit \$ _____

Department Approval Signature/Stamp _____ Date _____