



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: Athletic Facility-Single Use

Request should be dropped off at: Ashwaubenon Parks & Recreation – 900 Anderson Dr, 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 _____ Home Phone # _____
(Last, First)

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

Email _____

Organization / Business
 Represented (if applicable) _____

Sport Type (Basketball, Soccer etc.) _____

Date of Rental Facility: _____ Est. Attendance _____

Site Requested: _____

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

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

****NOTE: Game dependent upon field availability. WIAA Regionals would take precedence if scheduled for the Ashwaubenon Sports Complex.**

Facilities will be booked based on availability. The user will be responsible for leaving the facility in the same condition as it is found. All garbage in area must be picked up and placed in garbage cans upon completion of rental. Please notify the department if there were any problems or concerns with the facility.

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 numbers to be used *ONLY* if your supervisor is not on site and you are not able to get into the building at your rental time:**

- | | |
|--|--------------|
| 1. David Roehrig | 262-353-8320 |
| 2. Rex Mehlberg, Parks & Recreation Director | 920-406-7475 |
| 3. Summer Supervisor (JUNE-AUGUST only) | 920-609-0213 |

Contract is not valid without Full Payment, Department Signature.

For Office Use Only	
Rental Fees \$ _____ + Tax \$ _____ = Total \$ _____	Deposit \$ _____
Department Approval Signature/Stamp _____	Date _____