

TOWN OF ADDISON

Phone (262) 629-5420 FAX (262) 629-5718

127 First Street, P.O. Box 481
Allenton, Wisconsin 53002-0481

Please complete and sign this agreement, and return, along with your payment to:
The Town of Addison, P.O. Box 481, Allenton WI 53002-0481

HALL & PARK RENTAL AGREEMENT

Facility Requested: Please circle your choice.

FACILITY	DAILY RENTAL RATE	FACILITY	DAILY RENTAL RATE
Town Hall – (Upper Level Only)	\$ 300.00	Large Park Pavilion	\$ 200.00
Town Hall Meeting Room	\$ 75.00	Small Park Shelter	\$ 75.00

Special rates apply for Town of Addison Community Organizations and Non-Profit Organizations.

DAY & DATE FACILITY REQUESTED: _____

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY, STATE & ZIP: _____ TYPE OF ACTIVITY: _____

HOURS OF USE (Please include setup and cleanup time)

STARTING TIME: _____ ENDING TIME: _____

APPROX. NUMBER OF PARTICIPANTS: _____ RENTAL FEES: \$ _____

Early Set-up Fee: _____

A \$150.00 is due along with rental fees.
This deposit is refundable if the Town determines
that the facilities have been satisfactorily cleaned
and no repairs are needed after your event.

DEPOSIT: 150.00

TOTAL AMOUNT DUE: \$ _____

Town of Addison facilities are rented on a First Come/First Serve basis. Keys will be available in the lock boxes located on the West side of the Town Hall. You will get a box number and a pass code before the day of your event so you can pick the keys up at your convenience. * Any issues with the keys, please contact the Town Clerk at 262-305-8461.

PAYMENT IN FULL MUST BE RECEIVED TO CONFIRM RESERVATION.

A refund will be issued if the activity is cancelled for any reason.

PARK CLOSSES PROMPTLY AT 9:00 P.M.! YOU ARE RESPONSIBLE FOR LOCKING UP!

The undersigned accepts full responsibility for the conduct of the above group while on Town of Addison property, and agrees to indemnify and save harmless the Town of Addison from any and all liability which might be occasioned to said Town by virtue of granting the permission in the agreement.

SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

FEE PAID \$ _____ CHECK # _____ DATE PAID _____

FEE RECEIVED BY: _____