



MOUNT HOREB RECREATION DEPARTMENT

222 EAST FRONT STREET • MOUNT HOREB, WI 53572-2168

Tel: 608.437.3400 • Fax: 608.437.4770 • www.mounthorebwi.info

PARK AND SHELTER RESERVATION FORM

DATE SUBMITTED: ____/____/____

Rental Date(s): _____

From: _____ AM / PM to _____ AM / PM

Activity: _____

Representative/Person In Charge: _____

Daytime Phone: _____

Address: _____

Evening Phone: _____

Email address: _____

No. of people attending: _____

Will you be selling merchandise/services or collecting fees? YES / NO

Will you be selling alcohol? YES / NO

PARK FACILITY USE REQUESTS (Please check all that apply):

please note: there is a \$20 non-resident fee for those who live outside the Village of Mount Horeb boundaries

- | | | |
|---|--|--|
| <input type="checkbox"/> Boeck's Park Shelter (\$50) | <input type="checkbox"/> Grundahl Park Enclosed Shelter (\$60) | <input type="checkbox"/> Grundahl Park Picnic Shelter (\$50) |
| <input type="checkbox"/> Liberty Park Shelter (\$60) | <input type="checkbox"/> Sunrise Park Shelter (\$60) | <input type="checkbox"/> Waltz Park Shelter (\$50) |
| <input type="checkbox"/> Grundahl Park Ball Field (\$50) | <input type="checkbox"/> Liberty Park Soccer Field (\$25) | <input type="checkbox"/> Sunrise Park Ball Field (\$50) |
| <input type="checkbox"/> Sunrise Park Soccer Field (\$25) | <input type="checkbox"/> Waltz Park Ball Field (\$50) | |

Make checks payable to: VILLAGE OF MOUNT HOREB. Two weeks' notice required for all cancellations. If your event is cancelled due to the weather, and a rain date cannot be agreed upon, you will receive a full refund. All other cancellations with less than two weeks' notice will not receive a refund.

I agree to be held responsible for my organization during the dates listed on this contract for those facilities reserved by the party for which I am representing. The mentioned facilities will be left in the condition that they were reserved to us, or we will pay for any clean-up/replacement costs. If a key is needed, I will return the key to the Recreation Department within two weeks of the reservation date, or pay a \$100 penalty.

Signature of Representative _____ Date _____

Approved _____ Date _____

For Office Use Only: Total due: _____ Date paid: _____ CASH or CHECK # _____

MOUNT HOREB RECREATION DEPARTMENT

Reservation Receipt – Please take this copy with you on your day of reservation

When signed by a member of the Recreation Department, this document serves as proof of reservation.

Date of reservation: _____ Location: _____

Time: _____ Name of individual holding reservation: _____

Approved by: _____ Today's date: _____

If required, please pick up keys on: _____

* After your reservation is complete, keys can be placed in our 24 hour drop box, which is located to the left of our front door. **If you fail to return your key within two weeks of your reservation, you will be charged a \$100 fee.**

Paid in full? YES / NO

RECREATION DEPARTMENT OFFICE HOURS

Monday – Thursday = 7:15am to 4:30pm

Friday = 7:00am to 12:00pm