



MOUNT HOREB RECREATION DEPARTMENT

105 NORTH GROVE STREET • MOUNT HOREB, WI 53572

Tel: 608.437.3400 • www.mounthorebwi.info

SHELTER AND FIELD RESERVATION APPLICATION

DATE SUBMITTED: ____/____/____

Rental Date(s): _____ From: _____ to _____

Nature of Use: _____ Representative/Event Holder Name: _____

Address: _____ Cell Phone: _____

Email address: _____ Number 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):

R=Resident Fee, NR=Non-Resident Fee (Non-Residents are those who live outside of the Village of Mount Horeb boundaries)

- | | |
|---|---|
| <input type="checkbox"/> Boeck's Park Shelter (\$60R, \$80NR) | <input type="checkbox"/> Grundahl Park Enclosed Shelter (\$70R, \$90NR) |
| <input type="checkbox"/> Grundahl Park Picnic Shelter (\$60R, \$80NR) | <input type="checkbox"/> Grundahl Park Ball Field (\$60R, \$80NR) |
| <input type="checkbox"/> Sunrise Park Shelter (\$70R, \$90NR) | <input type="checkbox"/> Sunrise Park Ball Field (\$60R, \$80NR) |
| <input type="checkbox"/> Sunrise Park Soccer Field (\$35R, \$55NR) | <input type="checkbox"/> Liberty Park Soccer Field (\$35R, \$55NR) |
| <input type="checkbox"/> Liberty Park Shelter (\$70R, \$90NR) | <input type="checkbox"/> Waltz Park Ball Field (\$60R, \$80NR) |
| <input type="checkbox"/> Waltz Park Shelter (\$60R, \$80NR) | |

Make checks payable to: VILLAGE OF MOUNT HOREB. A full refund minus a \$5.00 administrative fee will be issued if you cancel at least 14 days prior to your scheduled reservation date. Refunds are not given in the event of rain or inclement weather.

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 issued, I will return the key to the Recreation Department within two weeks of the reservation date, or pay a \$100 fee.

Signature of Representative _____ Date _____

Approved by _____ Date _____

For Office Use Only: Total due: _____ Payment made by: CASH or CREDIT CARD 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 Amount Paid: \$ _____

Payment made by (circle one): Cash Credit Card Check # _____

RECREATION DEPARTMENT OFFICE HOURS:

Monday – Thursday = 7:15am to 4:30pm
Friday = 7:00am to 12:00pm

*Hours are subject to change.