

Town of Winchester
8522 PARK WAY, LARSEN, WI 54947
Facility Use Application

NAME: _____

COMPANY/ORGANIZATION: _____

NON-PROFIT ORGANIZATION: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ ALT. PHONE: _____

DATE OF EVENT / FACILITY USE: _____

BRIEF DISCRIPTION OF EVENT / USE: _____

FACILITY: Please check all that apply. Town facilities are available for use 7 a.m. to 11 p.m.

_____ Nelson Park	Free
_____ Art Larsen Pavilion	Please See Fee Schedule for rates* \$100 Security Deposit required**
_____ Town Hall	Please See Fee Schedule for rates* \$100 Security Deposit required**
_____ Non-profit facility use	\$50 Rental Fee* (Proof of non-profit status must be provided) No Security Deposit required***

Government agencies, sub-units, and other organizations relating to government may use the facilities at no charge.

Cancellations made more than 14 days prior to the scheduled use date will receive a full refund. Cancellations made 14 days or less prior to the scheduled use date will receive a refund of the rental fee less \$30. (TB Policy approved 06/19/2017)

SIGNATURE: _____ Date: _____

TOTAL DUE \$ _____ Check # _____ Date Paid _____ Rec'd by _____

*Reservations are made on a first come, first serve basis and are not secured until rental fee(s) is paid in full.

**Security Deposit can be submitted by check or cash when picking up the key for facility access. Deposits are refundable if the facility use guidelines are followed and the rented facility is ready for the next user's event. If guidelines are not followed and cleaning services are required, the deposit will be used to pay for those services.

***A deposit is not required of non-profit organization but the organization is responsible for following the use rules and requirements. If the rules are not followed and requirements not completed, the non-profit will be billed for all associated costs of clean-up, repair, replacement, etc.

Please contact Holly Stevens, Clerk, at 920.836.2948 at least 3 days before your event to make arrangements to get facility keys for access.

DEPOSIT RETURNED: YES / NO DATE _____ BY _____

REASON FOR DEPOSIT FORFIETURE: _____