

**APPLICATION FOR USE OF THE WILDWOOD ROOM AT THE LIBERTY GROVE TOWN HALL**

NAME OF GROUP OR PERSON \_\_\_\_\_

DATE OF USE \_\_\_\_\_

TYPE OF BENEFIT \_\_\_\_\_

BEGIN AT \_\_\_\_\_ AM/PM, END AT \_\_\_\_\_ AM/PM

SIZE OF GROUP \_\_\_\_\_

**PERSON MAKING RESERVATION AND ACCEPTING RESPONSIBILITY FOR CLEANUP:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME OF CATERER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**FEE SCHEDULE (per event) :**

**A \$300 DEPOSIT WILL BE COLLECTED, REFUNDABLE UPON SATISFACTORY CLEANUP OF THE BUILDING AND GROUNDS.**

|                                           |           |
|-------------------------------------------|-----------|
| PRIVATE PARTY                             | \$250.00  |
| ACTIVITY FOR PROFIT, COMMUNITY GROUP      | \$150.00  |
| ACTIVITY FOR PROFIT, NON-COMMUNITY GROUP  | \$250.00  |
| NON-PROFIT COMMUNITY GROUPS               | \$ 100.00 |
| NON-PROFIT, NON-COMMUNITY GROUPS          | \$200.00  |
| SECOND DAY USE BY ANY GROUP-SAME ACTIVITY | \$ 100.00 |

(all fees are in addition to the deposit)

We agree to leave the facility in the same condition as it was found and further agree to be responsible for any damage done while this group is using the facility. **We also agree to pay for any extra cleaning that may be necessary after use of the building by our group. It is understood that the Town rate for cleanup is \$65.00 per hour.** We understand that accidents or problems must be reported to the Town Clerk or Town Chairman upon leaving the building, and that future use of the building may be prohibited to any groups or persons who do not observe these procedures. We have read the enclosed rules for use of the facility and agree to abide by their provisions.

SIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(person making reservation)

APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Town Official)

RETURN TO: TOWN OF LIBERTY GROVE, 11161 OLD STAGE RD, SISTER BAY, WI 54234  
Phone – (920)854-2934