

CITY OF OCONTO FALLS

500 NORTH CHESTNUT PO BOX 70

OCONTO FALLS, WI 54154-0070

PHONE: 920-846-4505

FAX: 920-846-4516



WEST SIDE BEACH OPEN PAVILLION RESERVATION FORM

Individual or Group Requesting Facility: _____

For organized groups, can you provide us with Proof of Liability Insurance? yes no
(Proof of Insurance is required for all organized group events. ie: Clubs, Legion Halls, Churches...)

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Date of Reservation: _____ Total Attending: _____

Arrival Time: _____ Departure Time: _____

Resident User Fee: \$24.00
Non-Resident User Fee: \$60.00
Refundable Deposit: \$120.00 **Please write two checks - one for fee, one for deposit**

Alcohol Beverage Permit: \$18.00 (alcohol permit fee can be combined with user fee payment)

If your guests will be consuming alcoholic beverages, there is an additional license fee of \$18.00. This permit DOES NOT cover the sale of alcohol, only personal consumption.

Reservations: No reservations will be accepted over the telephone. Reservations are on a first come, first served basis. Reservations must be made at the Oconto Falls Municipal Building, 500 N. Chestnut Avenue, Oconto Falls, Wisconsin. User fee and Deposit fee must be paid at the time of reservation. Checks should be made payable to "City of Oconto Falls." Cancellations will be allowed until two weeks prior to reservation. After that time fees will be forfeited. Contact City Hall to cancel.

Keys: Keys for the facility may be picked up at City Hall the day prior to the event, except in the case of weekends when they may be picked up on the Friday before. Keys must be returned the day following the event or the next possible day when City Hall is open for regular business. Failure to return the keys will result in forfeiture of the deposit.

Application Received - Date: _____ Total Amount Received: _____

Proof of Insurance Provided: _____ Received By: _____

POLICIES FOR WEST SIDE BEACH PAVILION RENTAL

Hours

The pavilion is available for rental between the hours of 8:00 a.m. and 10:00 p.m. Premises must be cleaned and park vacated prior to closing time. Failure to clean the premises will result in the forfeiture of your security deposit.

Alcohol Beverages

Pursuant to Municipal Ordinance Section 360-4, NO alcoholic beverages may be consumed without a permit. An alcohol permit must be obtained prior to the event from the Oconto Falls Municipal office. Glass beverage bottles are prohibited in the park area and park shelter building. Any person under 21 years of age shall NOT consume alcoholic beverages in the pavilion or park area.

Cancellation

Cancellations will be allowed until two (2) weeks prior to reservation. After that time, all fees will be forfeited. Contact the City Hall to cancel at 846-4505.

Security

It is understood that a Police Department officer or any other official employee of the Oconto Falls Park & Recreation Department has the right to enter the premises at any time.

Liability

The City of Oconto Falls shall not be liable for any injuries, deaths or property damage from the use of the above stated facility. The City of Oconto Falls is not responsible for articles left, lost or stolen at the facility.

Tents

No tents or obstructions are permitted in the park except with the permission of the Street Department Superintendent. Call Terry Magnin at 846-4513.

Grills

No grills are provided in the park area. They may be brought into the park and pavilion as long as ashes and coals are disposed of safely in proper receptacles.

Clean-up

It shall be the responsibility of the renter to maintain the facility in a safe and sanitary condition. Upon completion of your activity, all decorations, tables, floors, etc. shall be cleaned and litter properly placed in the dumpster located in the parking lot. Dumpster is locked. Keys must be picked up and returned to City Hall.

Renter agrees to pay additional fees for damages for extra time required to clean, repair and/or restore the facility. The City of Oconto Falls Park and Recreation Department shall determine this amount.

I understand the rental policies and agree to abide by those terms and conditions.

Signature _____ Date: _____

Address _____

Phone _____ (home) _____ (work)

REFUND INFORMATION

Refund payable to: _____

Address _____

City: _____ State: _____ Zipcode: _____

*****Office Use Only*****

Inspected by _____

Date _____

Time _____

Comments:

Refund Issued - Date: _____ Amount of Refund: _____

Additional Funds Required: _____ Date Received – Additional Funds: _____