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 $75 Rental Fee*

$100 Security Deposit required**

_____ Town Hall Rental Fee $100*

$100 Security Deposit required**

_____ Non-profit facility use $20 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.

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 or 920.427.8330 at least 3 days before your event to make arrangements to get facility keys for access.

SIGNATURE: __________________________________ Date: ___________________

DEPOSIT RETURNED: YES / NO DATE ____________ CHECK # ___________

REASON FOR DEPOSIT FORFIETURE: __________________________________________