

VILLAGE OF NEW AUBURN

130 E Elm St | PO Box 100 | New Auburn, WI 54757 | 715-237-2223

Park Pavilion Rental Agreement & Checklist

Rental Date		Date of Application		
Rental For		Alternate Contact		
Time of Event	Expected End Time	Phone		
Pavilion Renter Name		Are you a Non-Profit Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Address		If Yes, Name of Non-Profit Organization:		
Phone		<i>Please provide a copy of your EIN Non-Profit License</i>		
Pavilion items must be left in good working order, areas are to be swept, wiped down, garbage removed, bathrooms cleaned & garbage removed, refrigerator cleaned, kitchen cleaned, items washed and put away, and tables & chairs put up. Leave it how you found it.		FOR VILLAGE STAFF ONLY		
		Field Lights Metering		
		Start _____ End _____		
Item	Areas of Use Mark with ✓	Item	Returned	Cleaned
1. Kitchen				
2. Tables				
3. Chairs				
4. Open Area				
5. Floors				
6. Bathrooms				
7. Grounds				
8. Cooler				
9. Refrigerator				
10. Field Lights				
11. Extension Cords				
12. Other		Noted Damages To:		
<p>The New Auburn Village and Parks Commission is not responsible for any injuries or accidents incurred while renting the building. The Renter is responsible for all damages incurred while using the building and removal of all garbage. If the garbage is not removed, a fee of \$25 will be deducted from your security deposit. Reservations are pending due to availability; confirmation will be made 90 days before the reservation date. Water at pavilion is shut off between October and April annually. Please report any problems to the Parks Commission at 715-237-2223.</p>				
Renters Signature			Date	
Alternate Renter's Signature			Date	
FOR VILLAGE STAFF ONLY				
Date Application Received / /	Rental Fee <input type="checkbox"/> \$150 Non-Profit Organization <input type="checkbox"/> \$65 <i>Submit EIN Form if Non-Profit</i>	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Check # _____	Inspected By <input type="checkbox"/> DM <input type="checkbox"/> JB <input type="checkbox"/> Park Member: _____	
Informed Renter of: <input type="checkbox"/> Keys - # _____ <input type="checkbox"/> Garbage/Dump Usage	Deposit Fee <input type="checkbox"/> \$150 <i>(Returned if garbage is removed, no damages, items intact, cleaned, etc)</i>	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Check # _____	Deposit Fee <input type="checkbox"/> Returned <input type="checkbox"/> Deposited Date: _____	