Town of Eagle Park Field Reservation Form

S91 W35287 Hwy NN Eagle, WI 53119 262-594-5800

Rental available weekdays or weekends, dawn to dusk.

Please check the box that applies.

Agreement:			
	ement reserves the east park pavilion, playgroun		-
bathrooms.	,, p, p, g	-,	
• Baseball field: This agr	eement reserves the ba	seball diamond in the so	outhwest
-	k. * It does NOT reserve		
Payment:			
	it (refundable) and renta	ıl fee (nonrefundable) in	advance.
Make the check out to	· ·		
	essary, you may resche	dule for no additional fe	e.
	vn Hall after your last da		
receiving your security	-		•
*If the other field is not in use and available,	-	al fees under the liability term	s stated below.
**Please note that your refund may not be im	mediately available due to pro	cedural delays. We advise th	at you call ahead
to find out if your refund is ready for pickup.			
Rental Fee	Security Deposit		
\$20/hour OR \$100/day*	Equal to Rental Fee		•
+=0,ou. 0.11			
*Fees for organized leagues may differ. Conta Rental Fee and Security Depos		Recreation Department for G	etalis.
Amount due:	Date paid:	Check #	/Cash
Person authorized to pick up t	he refund (if other than	the primary contact):	
Please print			
I, the undersigned Responsible Person behalf of myself and on behalf of all whave reserved the playing field, that TOR OTHER INCIDENT that occurs at the field(s). I also agree, on behalf of mysthe town park for which I have reserve EAGLE AND PAY FOR ANY DAMAGE TO use of the park field(s). If damages to	the participate with my consective TOWN OF EAGLE IS NOT Libertown park as a result of my self and on behalf of all who proved the field, to INDEMNIFY, SAO PARK FACILITIES that occur	nt in the activities at the town LIABLE FOR ANY ACCIDENT, II reservation and subsequent in articipate with my consent in AVE HARMLESS, AND DEFEND ir as a result of my reservation	n park for which I NJURY, DEATH, use of the park the activities at THE TOWN OF n and subsequent
RENTER for any additional costs.			
Name of Responsible Person:			
Signature:		Date:	
EIEI D DENTAL ADDDOVED DV		DATE	

Please list the dates and time you would like to reserve.

Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Date	Time in	Time out (optional)
Total days:		
Primary Contact:		
Telephone:		
(Abeaniai):		