

City of Wisconsin Dells

Reservation Application for: Community Center Room

Date(s) Requested: _____

Time Requested (Beginning & Ending Times): _____

Person or Group Name: _____

Address of Applicant: _____

Mailing Address for Billing Purposes: _____

Contact and/or Responsible Person: _____

Daytime Telephone Number: (____) _____

Applicant's Drivers License Number: _____ State: _____

1st Preference Rate (City of Wisconsin Dells based Non-Profit Organization per Rental Policy) - Submit and **attach** proof of Non-Profit Organization status with application.

2nd Preference Rate (Any other group provided no other comparable facility is available from the private sector)

*Estimated Charge for Use of Facility: _____

*Charges are per Rental Policy and User Fee Schedule approved by the Common Council

Special or Additional Requests:

Signature of Person Making Application and
Acknowledgement of Rental Policy Procedures

Date Approved: _____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.