



W1195 Marietta Ave., P.O. Box 109, Ixonia, WI 53036

Phone: (920) 261-1588 · Fax (920) 261-8988 · Email: townhall@townofixonia.wi.gov

Park Rental Form

Submission of this form constitutes acknowledgement and acceptance of the conditions and regulations herein noted.

Rental Date: _____ Event: _____ Time: _____

Which Park do you wish to rent – (circle one):

Ixonia Firemen's Park

Ski Slide Park

Softball/Hardball Concession

Renter Name (please print): _____

Street Address, City, State, Zip: _____

Cell Phone Number: _____

*(Renter's Initials) * This agreement is effective upon payment of the fee and signature of Town Clerk. The person completing the form is agreeing to be the responsible party for any damages to property on date of rental.*

*(Renter's Initials) * Responsibilities for cleanup of bathrooms, kitchen and pavilion are attached to this agreement.*

*(Renter's Initials) * Renter understands if key is not returned on next business day or if facility is not cleaned up or locked up or lights turned off – Deposit will be forfeited.*

*(Renter's Initials) * This agreement is effective upon payment of the fee and signature of the Town Clerk.*

Please note: **Dogs are not allowed in the park.** (Town of Ixonia ordinance Chapter 9.17 USE OF TOWN PARKS as established in 1986. Section (7) ANIMALS IN THE PARK was amended in 2021).

Today's Date: _____ Applicant Signature: _____

Fee Amount: \$125.00 for rental of Ski Slide Park Pavilion, Bathrooms and Kitchen

\$125.00 for rental of Firemen's Park Pavilion, Bathrooms and Kitchen

\$ 50.00 for rental of Firemen's Park Hardball/Softball Pavilion and Bathrooms

Cancellations/Refunds: Cancellations must be made at least 14 days prior to the reservation date to receive a full refund. No refunds will be granted less than 14 days prior to the reservation date or for special services which have been provided (i.e. extra table delivery, etc.)

Deposit: A deposit of \$200.00 will be collected upon pick of the park key. Key is to be returned to the Town Hall on the next business day at which the deposit amount will be returned.

Payments are payable to: Town of Ixonia

Mail to: P.O. Box 109, Ixonia, WI 53036

FOR OFFICE USE ONLY

Amount Paid: \$_____

Check/Cash: _____

Signature of Clerk/Deputy Clerk