



City of Weyauwega

109 E. Main Street * P.O. Box 578
Weyauwega, Wisconsin 54983
Phone: 920.867.2630 * Fax: 920.867.2635

COMMUNITY ROOM RENTAL AGREEMENT

Type of event: _____ Date: _____

Start Time: _____ End Time: _____

Do you wish to serve food? _____ Do you wish to serve alcohol? _____

Name/Organization: _____

Contact Person: _____

Phone: _____

Address: _____

Rental Fee (choose Hourly or Full Day): *Checks Payable to **City of Weyauwega**

_____ **\$20.00 per hour** or _____ **\$80.00 for full day**

Optional _____ **\$25.00** for use of audio-visual equipment, incl. WiFi/TV

Security Deposit(s):

_____ **\$50.00** if not serving food, **\$100.00** if serving food

_____ **\$50.00** if selecting use of A/V equipment

***Reservations will not be considered final until form and fee are returned to City Hall

I agree to indemnify and save harmless the City of Weyauwega and their employees, elected and appointed officials, and agents from any and all liability from claims of bodily injury, property damage, or any other nature whatsoever arising out of the use of the City of Weyauwega property herein specified. I have received a copy of the Weyauwega Community Room Rental Guidelines and agree to abide by all rules, regulations and policies established by the City of Weyauwega for the use of buildings, properties and facilities; and to adhere to all specifications and limits listed.

Signature: _____ Date: _____