Elkhorn Community Center Rental Application

Matheson Memorial Library

101 N. Wisconsin St. Elkhorn, WI 53121 • 262-723-2678 • skrewal@elkhorn.lib.wi.us

Name: _____ Date of Event: _____/ _____ / _____

Business/Organization: _____ Time: SETUP_____am/pm TAKEDOWN:_____am/pm

Address: _____ Type of Event: _____

City:_____ Zip: _____ # People:_____ ❑ Private ❑ Public *

Home Ph: _____ Cell Ph: _____ ***Additional event and alcohol permits are required**

Email: _____ **through City Hall for public events.**

***** YOU MUST PICK UP KEYS DURING LIBRARY HOURS BEFORE YOUR EVENT! *****

Multi-Purpose Room	**Location**	**Fees**	**Hours**	**Total**
❑ Community Center	101 N. Wisconsin St.	$100/hr. x	_____=	_____
		5.5% Tax:		_____
		Subtotal:		_____

Additions

❑ Alcohol Permit **(must include $250 security deposit)** $50 x _____=_____

MAKE CHECKS PAYABLE TO :

Matheson Memorial Library **Total Fee:** _____

Date Paid:_____ **Cash or Check #:** _____ **Amount Paid:**_____ **Office Initials:**_____

$200 (OR $250 WITH ALCOHOL) SECURITY DEPOSIT, REQUIRED: The security deposit must be received separately in cash (no exceptions). It can be picked up the next business day after the event has taken place. **Date Received :** _____

I, the undersigned, on behalf of the above mentioned organization, do hereby agree that we will abide by the policies governing the use of this facility as set forth on Community Center Policy and Agreement **(a copy of the policy can be provided upon request).** I will specifically accept responsibility for any damages to the facility as a result of the occupancy of said premises by our organization. Said premises will be left as clean as when the organization arrives.

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS AND BLAMELESS the City of Elkhorn, and Matheson Memorial Library, its officers, agents and employees, boards, and commissions from any and all liability from damages, loss, or injury either to person or property which may be sustained while using said facility.

Signature: _____ Date: _____

Please make checks payable to: Matheson Memorial Library

Security deposits must be in cash