



# LUNDA COMMUNITY PARK

## MAIN SHELTER/BAND SHELL RESERVATION FORM ALL RESERVATIONS ARE MADE ONLY WHEN FEES AND DEPOSITS ARE RECEIVED

Cancellations 30 days or less in advance of event date will be refunded deposit only.

**DEPOSIT:** To receive your deposit back ~ the shelter/band shell must be left in clean condition. A copy of steps to be completed has been supplied to you, please read this information. After the park manager inspects the rented area and ALL tasks are satisfactorily completed, you will receive your deposit check when you return the key to City Hall. No tents allowed unless approved by Park Manager.

**HALF-DAY HOURS:** 6:00 AM-2:00 PM / 3:00 PM-11:00 PM. Park Closes at 11 P.M. (City Ordinance)

Upper \_\_\_\_\_ \$200 RENT per Full Day/\$100 per Half Day + \$200 Deposit (Full) / \$100 (Half)  
Capacity 200 (NO parking at Upper Level)

Lower \_\_\_\_\_ \$200 RENT per Full Day/\$100 per Half Day + \$200 Deposit (Full) / \$100 (Half)  
Capacity 80

Band Shell \_\_\_\_\_ \$200 RENT per Full Day/\$100 per Half Day + \$200 Deposit (Full) / \$100 (Half)

\*Please submit **2 SEPARATE checks** for the amount of the RENT and DEPOSIT made **payable to City of Black River Falls**. **Post-date deposit check for date of event**. Mail this form and the TWO checks to:

**City Clerk**  
**101 S. 2<sup>nd</sup> Street**  
**Black River Falls, WI 54615**

Group/Organization Name: \_\_\_\_\_

Type of Function: \_\_\_\_\_

Adult Contact Name: \_\_\_\_\_ Date of Function: \_\_\_\_\_

Address: \_\_\_\_\_ Time: From \_\_\_\_\_ <sup>AM/PM</sup> to \_\_\_\_\_ <sup>AM/PM</sup>

\_\_\_\_\_ -Estimated # Attending \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Will the Event be catered? Yes \_\_\_\_\_ No \_\_\_\_\_

Catered by Whom? \_\_\_\_\_

### BEER & WINE COOLERS ONLY allowed in Park (City Ordinance)

Keys for Shelter must be picked up at City Hall the day before your event or Friday if event is on the weekend between the hours of 8 – 4:30, Mon - Fri. Any questions regarding this form feel free to contact City Hall @ 715-284-2315 or kwood@blackriverfalls.us.

**By signing this application, I/We agree to abide by the rules of the Park and the conditions contained herein.**

Signature: \_\_\_\_\_

Date Paid: \_\_\_\_\_