

TOWN OF SEYMOUR
6500 TOWER DRIVE
EAU CLAIRE, WISCONSIN 54703
715.834.4999 OFFICE; 715.834.3687 FAX
www.townofseymour.org

PAVILION RENTAL CONTRACT

OFFICE HOURS 9:00 A.M TO 1:00 P.M.
MONDAY THRU FRIDAY

THE PAVILION WILL BE RENTED TO RESIDENTS AND NON-RESIDENTS AT THE COST OF:

NO ELECTRICITY-----\$25.00
WITH ELECTRICITY-----\$40.00 **PICK UP KEY DURING OFFICE HOURS**

IN ADDITION, A DEPOSIT OF EQUAL RENTAL AMOUNT WILL BE REQUIRED UPON SIGNING THE CONTRACT. THIS DEPOSIT MAY BE FORFEITED IN PART OR TOTAL FOR ANY PROPERTY DAMAGE OR FAILURE TO COMPLY WITH THE CLEANUP TERMS OF THIS CONTRACT. IF DAMAGE EXCEEDS DEPOSIT, *THE RENTER WILL BE BILLED FOR THE DIFFERENCE. ALL OF THE DEPOSIT WILL BE FORFEITED FOR CANCELLATIONS LESS THAN TWO WEEKS OF RENTAL DATE. TEN DOLLARS (\$10) OF THE DEPOSIT WILL BE FORFEITED FOR ALL OTHER CANCELLATIONS.* **PARK ONLY IN THE PARKING LOT. NO VEHICLES ALLOWED PAST THE GATES, OTHER THAN FOR SET UP/CLEAN UP AND/OR HANDICAPPED ACCESS.**

NO RESERVATION DATE WILL BE CONFIRMED FOR RENTAL OF THE PAVILION AND ITS FACILITIES UNTIL THE FOLLOWING CONTRACT IS SIGNED AND THE REQUIRED DEPOSITS ARE RECEIVED. DEPOSITS WILL BE REFUNDED WHEN THE TERMS OF THIS CONTRACT ARE FULFILLED.

AFTER USING THE PAVILION, THE GENERAL APPEARANCE SHOULD BE THE SAME AS PRIOR TO RENTAL. CLEANUP OPERATIONS ARE TO BE COMPLETED THE SAME DAY. IF CLEANING IS NOT COMPLETED AS SPECIFIED IN THIS CONTRACT, IT WILL BE DONE BY A TOWN EMPLOYEE AND AN AMOUNT WILL BE DEDUCTED FROM THE DEPOSIT. ANY AMOUNT OVER THE DEPOSIT FOR CLEANUP OR DAMAGES WILL BE BILLED.

THINGS TO BE DONE BEFORE AND AFTER EVENT:

1. CHECK TABLES - IF BROKEN PLEASE LET US KNOW BEFORE EVENT
2. BRING GARBAGE BAGS, BROOM AND DUSTPAN
3. PLACE RECYCLABLES IN PROPER CONTAINERS
4. BAG AND TIE ALL GARBAGE AND PLACE INTO DUMPSTER NEXT TO THE HALL
5. SWEEP PAVILION
6. PICKUP AREA (GROUNDS)
7. CLEAN BATHROOMS AND LOCK THE DOORS
8. KEYS MAY BE LEFT IN THE "AFTER HOURS DROP BOX" LOCATED IN THE DOOR JUST EAST OF THE OFFICE DOOR.

RENTERS SIGNATURE _____

RENTERS PRINTED NAME _____

RENTERS ADDRESS, ZIP _____

RENTERS PHONE NO. _____

RENTERS EMAIL _____

PAVILION RENTAL DATE _____

ESTIMATED SIZE OF GATHERING _____

OFFICE USE ONLY	
Deposit Paid	\$25___\$40___Date___
Rent Paid	\$25___\$40___Date___
Website Complete	_____
Calendar Complete	_____
Clean Up / Damages	_____
Initials_____	
Deposit Ret. Amount	_____Date___