



410 Division Street  
 P.O. Box 146  
 Park Falls, WI 54552  
 Phone (715) 762-2436 • Fax (715)762-2437  
[www.cityofparkfalls.com](http://www.cityofparkfalls.com)

## PARK PAVILION EVENT RESERVATIONS

Park pavilions will be open for general use at no charge any time if it is not reserved. Use during non-reserved times will be on a first-come, first-serve basis.

### RESERVATION POLICY:

Groups or individuals may reserve the pavilion for a one-day event by paying a \$55.00 reservation fee, plus a \$100.00 cleaning/damage deposit. This fee and deposit must be made by two checks each specific to the fee, payable to the City of Park Falls. Full payment is required when the reservation is made.

A park attendant or designee will check the condition of the pavilion before and after the event. If the building and area is left clean and undamaged, the \$100.00 cleaning/damage deposit will be refunded by mail or in person within 10 business days of the event.

Events open to the public, with an expectation of 50 or more people in attendance, or that require a road closure, are required to provide a Certificate of Insurance, 30 days prior to the event, of not less than \$1,000,000 combined single limit percent naming the City of Park Falls as additional insured.

### CANCELLATION POLICY:

A full refund of the reservation fee and the damage deposit will be made if the notice of cancellation is received by the city clerk's office 30 days before the reservation date. If less than 30 days notice is given the \$55.00 reservation fee will be forfeited, but the cleaning and damage deposit will be refunded.

\_\_\_\_\_ Hines Park Pavilion      \_\_\_\_\_ Old Abe Park      \_\_\_\_\_ Pavilion Stage      \_\_\_\_\_ Concession Stand

Other special event \_\_\_\_\_

Group Name \_\_\_\_\_

Responsible party/contact person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Please return this form to the Park Falls City Clerk's Office, PO Box 146, Park Falls, WI 54552 along with your 2 checks made payable to the City of Park Falls.

I \_\_\_\_\_ agree to indemnify, defend, and hold harmless the City, its employees, its officers, and its agents against all demands, claims, liabilities, losses, damages or expenses, including but not limited to reasonable attorneys' fees, incurred by the City for any damage or injury to persons or property caused by or resulting in any way from the activities for which the permit is granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use: Date of Payment \_\_\_\_\_ Check Numbers \_\_\_\_\_