

Reservation Request

THIS IS A REQUEST ONLY - All requests with respective forms will be reviewed for approval. Requests are processed in the order they are received. Online Requests, please allow 2 business days for response to your request.

Applicant Information

Name: _____

Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____

Phone: () - _____

Email: _____

City of Port Washington Resident (Required):

(Select only one option)

Yes

No

Reservation Details

Facility / Location Requesting (Required - Select at least one option):

Reservation Request

- | | |
|---|---|
| <input type="checkbox"/> Upper Lake Park - Picnic Area 1
(Resident/NonResident)
\$50/\$100 | <input type="checkbox"/> Upper Lake Park - Picnic Area 2
(Resident/NonResident)
\$50/\$100 |
| <input type="checkbox"/> Upper Lake Park - Picnic Area 3
(Resident/NonResident)
\$50/\$100 | <input type="checkbox"/> Upper Lake Park - Picnic Area 4
(Resident/NonResident)
\$100/\$200 |
| <input type="checkbox"/> Upper Lake Park - Picnic Area 5
(Resident/NonResident)
\$100/\$200 | <input type="checkbox"/> Upper Lake Park - Picnic Area 6
(Resident/NonResident)
\$250/\$500 |
| <input type="checkbox"/> Veterans Memorial Park Shelter
(Resident/NonResident)
\$100/\$200, add Bandshell
\$50/\$100 | <input type="checkbox"/> Veterans Memorial Bandshell & Greens
(Resident/NonResident)
\$100/\$200, add Shelter
\$50/\$100 |
| <input type="checkbox"/> Coal Dock Park Great Lawn
(Resident/NonResident)
\$200/\$400 | <input type="checkbox"/> Rotary Park Gazebo
(Resident/NonResident)
\$150/\$300 |
| <input type="checkbox"/> Kolbach Park Shelter
(Resident/NonResident)
\$75/\$150 | |

Organization: _____
Lions Club, Kiwanis, Girl Scouts, Etc...

Type of Activity: _____
Family Reunion, Birthday Party, Wedding, Meeting, etc.....

Arrival Date (Required): _____

Estimated Arrival Time: _____

Departure Date: _____

Estimated Departure Time: _____

Estimated Attendance #: _____

Selling fermented malt beverage/wine? (Required):

(Select only one option)

- Yes - I understand an Alcohol Beverage licesnce is required (obtain at City Hall)
- No

Serving fermented malt beverages/wine? (Required):

(Select only one option)

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- Yes. I understand and agree to abide by Fermented Malt Beverage/Wine Limitation policy. **REQUIRED:** ID with proof of age must be submitted. **REQUIRED:** Completion of Fermented Malt Beverage/Wine Permit at checkout - no additional fee.
- No.

Will amplified music be played? (Required):

(Select only one option)

- Yes. I understand and agree to abide by Amplified Music policy. I must also submit a request with description of music for the Boards consideration. Upon Board approval of request, a permit may then be issued.
- No.

Request Description - amplified music:

Will large tents/bounce house/dunk tank/etc. be placed on site? (Required):

(Select only one option)

- Yes. I understand I may have to provide a Certificate of Liability Insurance prior to the event and agree to abide by Tents & Inflatables policy . I must submit a request with description for Boards consideration. Upon Board approval of request, a permit may then be issued.
- No.

Request Description - large tents/bounce house/dunktank/etc:

Reservation Request

Add on Fees

of Additional Picnic Tables / \$10 each: _____

of Additional Trash Barrels / \$10 each: _____

Large tents with stakes: Area Preparation Fee Required \$100

Permit Changes: \$25 per change.

Liability Waiver

I, the undersigned, am 18 years of age or older, and understand and agree to abide by the City of Port Washington Parks & Recreation Department's Policies and Procedures (included on the reverse side of this form) for rental of park areas and facilities. I am aware that in renting a park area or facility for use by myself and/or other persons whom I invitee or allow to participate, I expressly assume all risk and legal liability and am waiving and releasing all claims for injuries, death, damages or losses which I and/or my invitees or participants may sustain as a result of such rental, event or activity (including, but not limited to, transportation services/vehicle operation, when provided). I do hereby fully release and discharge the City, its employees, officers, agents and sponsors from any and all claims for injuries, death, damages or losses that my minor child/ward or I may have or which may accrue to me, my minor child/ward, my family, my estate, my heirs and/or assigns, arising out of my rental or use of the park, public grounds, or facilities. I will instruct my group as to these Policies, Procedures, rules, terms and conditions of use, and ensure that they comply with the same.

Today's Date (Required): _____

Applicant Signature (Required): _____

Below: Recreation Administration Use Only

Reservation Fee \$: _____

Payment Type (Required):
(Select only one option)

Reservation Request

- Credit Card
- Check (check # _____)
- Cash
- na

Payment ID #: _____