CITY OF GALESVILLE
16773 South Main Street; P.O. Box 327
Galesville, WI 54630
608.582.2475 info@cityofgalesvillewi.gov

Application for Park Reservation

I hereby make this application for reservation of the park shelter at the premises selected below, in the City of Galesville, on the date(s) listed below and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the park.

Name of Park: Cance Park Reception Park Arctic Springs The Square

Other Park: _____

Name: _____

Address: _____

Telephone #: _____

Name of organization: _____
(if applicable)

Address: _____

Name and address of person who will be responsible for the use of said park:

_____

Date(s) the park is to be reserved: _____

Hours of reservation: _____

Music will be played (note ordinance 11-2-7(d) Permits for Amplifying Devices): Yes No

Park Reservation Fee: $50.00 Deposit: $50.00
The deposit will be returned if cleanup or repair of the park by the city is not required.

Applicant's Signature: _____ Date: _____

Office Use Only:

Collected:		Returned:	
Park Fee _____	Deposit _____	Park Fee _____	Deposit _____
Date _____	Initials _____	Date _____	Initials _____