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

Application for Park Reservation

To the Common Council:

I hereby make application for reservation of the park at the premises described 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: (Please Circle Choice) Cance Park (Upper-table) Reception Park (Ball Park) Arctic Springs (Trout Club) 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: _____

Park Reservation Fee: Resident $20.00 Non-resident $50.00

Deposit: Resident $20.00 Non-resident $50.00

The deposit will be returned if cleanup or repair of the park by the City is not required.
Failure to return keys will result in the forfeiture of the entire deposit.

Applicant's Signature: _____ Date: _____

Office Use Only:

Collected:
Park Fee _____ Deposit _____
Date _____ Initials _____

Returned:
Park Fee _____ Deposit _____
Date _____ Initials _____