



Facility Reservation Form

Movrich Memorial Community Park Pavilion
Pike Lake Fire Hall or Outside Pavilion
Fifield Fire Hall or Exterior Grounds
Fifield Town Hall

Location Requested : _____
Single Date or Re-Occurring Reservation: _____

Contact Information

Contact Name: _____ Email _____
Address: _____
Home Phone _____ Cell Phone _____

Event Information

Event Name: _____ Estimated # in Group: _____
Date of Event: _____ Arrival Time: _____ Departure Time: _____
Will your Event require Electricity? _____ AND/OR Lights? _____

Fees and Payment: Town of Fifield PO Box 241 Fifield WI 54524

Outside Area Resv. Fee: \$35.00 Inside Hall Resv. Fee \$50.00 Fee paid \$ _____
Payment: Check # _____ Cash _____ Date Recorded _____

The undersigned Lessee, _____ agrees to rent the Town of Fifield location for the above purpose and at the time, location, and for the fee indicated. Lessee agrees to pay the fee upon signature below and acknowledges that the **fee is nonrefundable** unless the check, paid to The Town of Fifield, and has not been processed by the Town of Fifield's Clerk.

Lessee's Signature Date: _____

Town of Fifield's Representative's Signature Date: _____