



VILLAGE OF HARTLAND
 210 COTTONWOOD AVE
 HARTLAND, WI 53029
 PHONE 262-367-2714 FAX 262-367-2430

MEETING ROOM RESERVATION FORM

Village use of meeting rooms is a first priority and the Administrative Office reserves the right to cancel a reservation if the room is needed for that purpose. Whenever possible, a twenty-four hour notice will be given. This right will not be exercised except in emergency situations. Time requested must include room set up and clean up time.

Please Select One	ROOM	LESS THAN 2 HOURS* (Includes Applicant's setup/takedown)	2 TO 4 HOURS* (Includes Applicant's setup/takedown)	4 TO 8 HOURS* (Includes Applicant's setup/takedown)	MORE THAN 8 HOURS* (Includes Applicant's setup/takedown)
	Meeting Room 1 (25 Maximum)	No Charge	\$20.00	\$40.00	\$60.00
	Meeting Area 2 (50 Maximum)	No Charge	\$20.00	\$40.00	\$60.00
	Meeting Room 3 (25 Maximum Adults Groups only)	No Charge	\$20.00	\$40.00	\$60.00
	Kitchen/Counter Area	No Charge	\$20.00	\$40.00	\$60.00
	Community Room (200 Maximum) (Hetznecker Hall)	No Charge	\$30.00	\$60.00	\$90.00
	The charge for a combination of rooms will be as follows:	No Charge	\$50.00	\$100.00	\$150.00

*\$75.00 Refundable Deposit Required For All Rooms *Room Fees Are Charged for Each Use

DATE(S) REQUIRED: _____

TIME(S) REQUIRED: _____

(NOTE: Omission of the dates and/or times will result in a delay in reserving the above requested room)

AMOUNT OF PEOPLE: _____

NAME OF ORGANIZATION: _____

PURPOSE OF ORGANIZATION: _____
 (Documentation may be required)

REASON FOR MEETING: _____

CONTACT PERSON: _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

GUARANTEE: (Damage to Village property)
 For and in consideration of the use of the Community Center meeting rooms, any person or group using same hereby agrees to hold the Village of Hartland harmless from any and all actions, suits, relating to its use of such rooms and facilities. Further, such person or group agrees to reimburse the Village for any and all costs for repair of any and all damage as may be caused directly or indirectly to the room and/or facility by such use. **THE ACCEPTANCE OF THIS FORM CONSTITUTES AN ACKNOWLEDGEMENT AND ACCEPTANCE OF THE CONDITIONS AND REGULATIONS HEREIN NOTED.**

 (AUTHORIZED SIGNATURE OF ORGANIZATION) (DATE)
 Date: _____ Fee Paid _____ \$75.00 Deposit Paid _____ Receipt No. _____