



Fitchburg Community Center
 5520 Lacy Rd
 Fitchburg, WI 53711-5318
 Ph (608) 270-4285 Fax (608) 270-4212
www.fitchburgwi.gov/recreation

Community Center Room Reservation

Reservation Date:	Reservation Time:	
Contact Name:		
Address:	City:	Zip:
Contact Phone #:		
Email:		
Upper Level: <input type="checkbox"/> Oak Hall Room <input type="checkbox"/> Fitchburg Room <input type="checkbox"/> Prairie View Room Lower Level: <input type="checkbox"/> Stoner Prairie Room <input type="checkbox"/> Swan Creek Room <input type="checkbox"/> Syene Room		
Event Type:	# of Guests:	Alcohol served at event: <input type="checkbox"/> Yes <input type="checkbox"/> No

The preceding information is correct to the best of my knowledge. I agree to abide by all the regulations & policies set forth for the use of the building and/or grounds. I acknowledge overall supervision of and responsibility for this event. By offering this service, the City of Fitchburg does not accept any responsibilities, express or implied for any damage arising out of the use of this service, and I acknowledge that the City of Fitchburg has no responsibilities, express or implied for any damages arising out of, or connected in any way with the Lessee's use of the Community Center facilities. City of Fitchburg retains the right to revoke this permit anytime prior to or during the scheduled events for any misinterpretation or changes in circumstances pertaining to this event.

I agree to the policies & procedures set forth by the City of Fitchburg for reservations.

Signature _____ Date _____
 (Contact must be 18 years of age or older)

Reservation Confirmation – Office Use Only			
Deposit Fee \$ _____	Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	Date Confirmed	Approved By
Rental Fee \$ _____		Log #	
Security Fee \$ _____			