Phone: (414) 766-7920 / Fax: (414) 766-7942 Office Hours: Monday – Friday, 9 am to 5 pm Phone Hours: Monday – Friday, 8 am to 5 pm

Oak Creek Recreation Park and Facility Rental Application

Facility	/ Type: ∐Pav	illion ∐Shelte	er ∐ Court	:	∐Ball Dian	nond-Base Line	eSports Field_		
-		-							
Tent/C	anopy/Easy-	·Up:	· 10 ft. □0	Over 10 ft. (Re	quires a pe	ermit, max. si	ze (Miller 20' x 50')		
Group Requesting Space:					Event Attendance:				
Purpo	se of Activit	y/Event:							
Contact's Name:					E-Mail:				
Address:					City, State, Zip:				
Phone Number:					Cell Phone:				
Billing	, Informatio	n (if different	from abov	/e):					
Name:					E-Mail:				
Address:					City, State, Zip:				
Phone Number:					Cell Phone:				
	e-time event								
	Date	Day	Time		Facility		Office Use Or	ılv:	
							Key: Red Blue	Green	
☐ Multiple dates:							Proof: Residency		
	Dates Days Time			Facility		Proof DOB:			
							18+ 21+		
							□ PHONE □ D	ESK	
□ Rep	eat request	:s:							
D	ay of Week	Start Date		End Date		Facility	Time Requesting		
	Monday Tuesday								
	Wednesday Thursday Friday Saturday Sunday	Special Requests:							

Oak Creek Recreation Department 8040 S. 6th Street, Oak Creek, WI 53154 Phone: (414) 766-7920 / Fax: (414) 766-7942 Office Hours: Monday – Friday, 9 am to 5 pm Phone Hours: Monday – Friday, 8 am to 5 pm

INDEMNITY, RESIDENCY, RULES & REGULATIONS:

- Permit is subject to all local municipal ordinances in addition to all rules & regulations governing parks and can be terminated immediately at the discretion of local law enforcement authorities &/or other city of oak creek department, if the terms of the application are misrepresented, violated or when public safety is threatened. Cancellation of the permit for cause will result in forfeiture of all fees.
- Proof of Oak Creek residency required at time of rental (current id or dated document with preprinted address).
- Proof of age is required at time of rental when requesting a beer permit. (government issued photo id)
- No rental date will be held or processed until the above information and payment is received.

CHARGE ONLY - PLEASE PRINT CLEARLY:	CREDIT CARD USED FOR: RENTAL FEE SECURITY DEPOSIT							
Type: MasterCard VISA AMEX Discover Other:								
CARD#	EXPIRATION DATE CODE							
NAME AS PRINTED ON CREDIT CARD	DATE:							
SIGNATURE:	DATE:							
AUTHORIZED CREDIT CAR	RD SIGNATURE							
FOR OC REC OFFICE USE ONLY								
FEES & CHARGES FACILITY RENTAL FEE: \$								
EQPT. RENTAL FEE: \$								
BEER/WINE PERMIT: \$	PACKET/LETTER MAILED							
SECURITY DEPOSIT: \$	POLICY RECEIVED DATE							
S ET U P F EES: \$	EMAILED/PRINTED RECEIPT							
TOTAL: \$	Cash Check #							
RECEIPT(S) #: RESERVATION	DN # DATE:							
MISCELLANEOUS:								
INSURANCE COVERAGE (DEPARTMENT WILL CONTACT YOU IF REQUIRED) INSURANCE CERTIFICATE RECEIVED?								
CONCESSIONS TO BE SOLD — PROVIDE GENERAL LIST OF ITEMS SOLD & PRICE (LIST BELOW, ATTACH TO FORM IF MORE SPACE IS NEEDED).								
WHAT IS ESTIMATED INCOME FROM THE ACTIVITY?								
WHAT WILL THE PROCEEDS BE USED FOR?								