

**DELAFIELD AMERICAN LEGION POST 196 - PAVILION RENTAL**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Date: \_\_\_\_\_\_\_\_\_\_\_\_ Day : \_\_\_\_\_\_\_\_\_\_\_\_

Approx. Attendance:\_\_\_\_\_

Starting (incl. Setup):  **:00** AM **/** PM End at (clean up/tear down by):  **:00** PM

Event catered? **\_\_\_Y /\_N\_\_\_**

Electricity required? **\_\_Y / N\_\_**

How Many Cars Do You Expect? \_\_\_\_\_\_\_\_\_

Will There Be Music? **Y\_/\_N\_**

There are outside restrooms in the pavilion area for use by the attendees.

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**Liabilities and Damages**

The renter will be liable for any physical damages of Post 196 property, including, but not limited to, burn damage from smoking materials or candles, broken furniture, or other structures on the property from inappropriate use. All trash must be placed in the receptacles located around the premises.

The renter agrees, by signing this rental/reservation agreement, to hold Post 196 and its members harmless against any form of liability for mishaps, accidents, acts, or personal interactions that might result in harm to a person or persons attending the event.

**Please Note**: If alcohol will be served at the event, please be aware that the Legion must apply for an annual liquor license to stay in business. Act responsibly and please be respectful to our neighbors and conduct yourselves accordingly. Thank you.

PAVILION RENTAL FEE: **$ 15 .00 p/hr**

Total Hours**: . hrs**

Amount Paid: **$**\_\_\_ \_.\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_

RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

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