

VILLAGE OF HALES CORNERS
5635 SOUTH NEW BERLIN ROAD
HALES CORNERS, WI 53130

MEETING ROOM RESERVATION

NAME _____

NAME OF GROUP/ORGANIZATION _____

ADDRESS _____ PHONE _____

CITY _____ ZIP _____

EMAIL _____

Personally, or as an authorized representative of the above Group/Organization, I/We hereby apply for use of a meeting room at the Village Hall. I/We have read the rules and regulations and agree that they will be strictly observed. In the event the room is not in the same condition as when I/We took possession, I/We understand the deposit will be forfeited.

Signed _____ Date _____

Reservation Date(s) _____

Time of Usage: From _____ To _____

Est. Number of Attendees _____

Room to be used for: _____

Room Requested (circle): Meadows Room/ Board Room / B21 / Small Room-Upper

DEPOSIT REQUIRED TO CONFIRM RESERVATION: Check one and submit payment

No Refreshments \$25.00 _____ Refreshments \$50.00 _____ Luncheon/Dinner \$100.00 _____

Deposit is on file with Village Hall _____

SET-UP OPTIONS: No Set-up Required—No Charge Set-up Required \$25.00 _____
(If set-up is required, floor plan must be submitted with reservation request)

REQUEST APPROVED _____ REQUEST DENIED _____

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| DEPOSIT REFUND APPROVED: Yes _____ No _____ Date Refund Mailed _____ |
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Email your completed form to escharf@halescorners.org and call 414-529-6161 with any questions.