



Wobegon Trail Shelter
605 - 1st Avenue NE, St. Joseph, MN 56374
Reservation Form

Date(s)	Time	Type of Gathering	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Contact Name	Address	Telephone	Email Address
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Reservation Procedure:

* A signed copy of this contract and payment of applicable fees, (two separate checks), must be returned within two weeks to consider this reservation confirmed.

Rules & Regulations

- * Hours of operation May - September 7:00 AM - 10:00 PM
 October - April 7:00 AM - 6:00 PM
- * Maximum Capacity seating capacity provided for 42 persons
- * Alcohol/Smoking NO ALCOHOLIC BEVERAGES OR SMOKING is allowed in/on the premises
- * Parking Designated parking is located at the southeast side of the building
- * Garbage/Cleaning YOU ARE RESPONSIBLE FOR CLEANING ALL AREAS USED.
 Should it be necessary to have the facility cleaned after your event; the City will make necessary arrangements and will withhold your damage deposit accordingly.
- * Keys For weekday reservations keys to the shelter should be picked up BEFORE 12 NOON the day preceding your event. For weekend reservations, keys should be picked up the preceding Friday BEFORE 12 NOON. Keys are checked out at the City Offices, 75 Callaway Street E. Office hours are M-F 8:00 AM-4:30 PM. **In the event it becomes necessary for a City staff member to unlock the facility, a fee in the amount of \$60 will be deducted from the damage deposit for that service.**
- * Lock up/Key returned After securing all doors, deposit keys in the box inside the front entrance.
- * Shelter reservations are for date/s listed above ONLY

Equipment Checklist

<input type="checkbox"/> 42 Chairs	<input type="checkbox"/> 4 Tables	<input type="checkbox"/> Sink	<input type="checkbox"/> Key Returned
			Initials _____

I hereby certify that I have read and understand the rules and regulations. I further agree that any false statements contained on the application or failure to follow the rules will result in the forfeiture of the damage deposit, termination of the Wobegon Trail Shelter rental agreement, and rejection of future applications for future facility rentals.

On behalf of myself and/or the organization I represent, I agree to indemnify and hold harmless the City of St. Joseph, its agents or employees, from any claims, injuries, or damages and all occurrences resulting from or relating to the use of said City Facility whether occurring on the premises or off premises.

Signature _____ Date _____

OFFICE USE ONLY

Rental Fees: \$200.00	Damage Deposit: \$200.00
<input type="checkbox"/> Received	<input type="checkbox"/> Received
	<input type="checkbox"/> Returned _____

RENTAL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE