

SPRING VALLEY COMMUNITY CENTER

RESERVATION FORM

I, _____, agree to the rules for the rental of the Spring Valley Community Center.

Responsible party (signature)_____

Address_____

Telephone number_____

Date of rental _____

Time_____

Fee_____

Return completed form to the village office or mail to:

Village of Spring Valley

P.O. Box 276

Spring Valley, WI 54767

Office use only:

Accepted by_____

Deposit: Check Cash _____

Rental Fee: check Cash _____

Deposit Refunded: Yes No/Reason_____

Key returned: Y / N
