



Town of Wellton

28634 Oakland Avenue P.O. Box 67 Wellton, Arizona 85356 (928) 785-3348 Fax (928) 785-4374

Facility Use Application

Date: _____

Name / Organization: _____

Street Address (Town): _____

Mailing Address: _____

Contact Name: _____ Daytime Phone: _____

Date of Event: _____ Time: _____ to _____ Estimated Attendance: _____

Type of Event: _____

Extended Use: Day of Week: _____ Starting Date: _____ Ending Date: _____

Extended Use Applications will be renewed on January 1st and July 1st of each year.

Facility Requested

Butterfield Park

Upper Ramada
Middle Ramada 1
Middle Ramada 2
Lower Ramada
Barbeque Pit

Community Center

Grand Canyon Room
Arizona Room
Kitchen
Dining Room
Event Deck

Other

West Side Park
N.D. & Katie Kline Pool
Butterfield Golf Course
Other: _____

Alcohol, Security and Insurance

Will alcohol be sold, consumed or served? Yes No
If so, is your Special Event License and
proof of insurance attached? Yes No
Does your event require security? If so, list the names:

1. _____
2. _____
3. _____

Keys

A key to any facility can be checked out the day before an event. If the event is on a weekend, the key must be checked out before 5:00 PM on Friday. KEYS MUST BE RETURNED BEFORE THE DEPOSIT IS REFUNDED.

Checked out: _____

Checked in: _____

I acknowledge that I have been given the attached rules for use of the facility and agree to abide by all rules.

Signature: _____

Approval

Town Hall _____
Public Works / Park _____
Police Department _____

FOR OFFICE USE ONLY Security / Maintenance Deposit

Amount of Deposit: \$_____ Cash or Check #_____ Taken by: _____

I hereby acknowledge that I have received the above deposit, which was held for me by the Town of Wellton as a Security / Maintenance deposit for the use of a Town facility.

Amount of Deposit: \$_____ Signature: _____ Date: _____