

THE VILLAGE OF



RIDGEWAY

208 Jarvis Street | Suite A | Ridgeway, WI 53582

FEES

RIDGEWAY COMMUNITY CENTER	Room	Rate	Resident/Not for Profit
	Main Level: Room 112 “Golden Room”	\$25/hour \$75/day \$550/month	\$20/hour \$70/day
	Multipurpose/Community Room & Kitchen Gym rental depending on availability	\$75/hour \$175/day \$40/gym add on	\$70/hour \$150/day \$40/gym add on
	Kitchen Only	\$25/hour \$75/day	\$20/hour \$70/day
	Gymnasium	\$25/hour (M-F) \$100/evening (M-F) \$50/hour Sat/Sun \$250/day Sat/Sun	\$20/hour (M-F) \$100/evening (M-F) \$40/hour Sat/Sun \$200/day Sat/Sun
	Library (depending on availability)	\$20/hour	\$15/hour
	Board room (Room 101/102)	\$50/hour \$150/day	\$45/hour \$135/day
	Upper Level: Room 201 (667sq. ft.), Room 206 (682 sq. ft.)	\$25/hour \$75/day \$550/month	\$20/hour \$70/day
	Upper Level: Room 205 (575 sq. ft.)	\$25/hour \$75/day \$600/month	\$20/hour \$70/day
	Upper Level: Room 202/203 (1,380 sq. ft.)	\$50/hour \$150/day \$700/month	\$45/hour \$135/day
	Upper Level: Room 204 (150 sq. ft.)	\$20/hour \$60/day \$250/month	\$15/hour \$55/day

Immediate Action Contacts:

Village Office Cell Phone: 608-574-1797 | Marshal Michael Gorham Phone: 608-924-1030

Director of Public Works: 608-341-5238

Call 911 for Emergencies

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Ridgeway Community Center Rental Agreement:

Name of Organization/Individual Renting Facility: _____

Name of Person Representing Organization: _____

Address: _____

Phone number: _____ Email: _____

Purpose of Use: _____

Room Requested: _____

Date(s) Requested: _____

Exact Hours of Use: _____

Approximate number of people to attend: _____

Facility Fee:	
# of Hours/days/months:	
Subtotal:	
Deposit:	\$100
Total Due:	

Make Checks Payable To:

Village of Ridgeway
208 Jarvis Street
Ridgeway WI 53582

All paperwork must be received in the office at least seven (7) days prior to event.

No dates will be reserved until a completed agreement is signed by village staff. Monthly rentals are subject to approval by the Village Board of Trustees. **If paying by check, please write out a separate check for the deposit.**

Print Name: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Deposit Amount Paid: _____ Date Received: _____ Check/receipt #: _____

Rental Fees Paid: _____ Date Received: _____ Check/receipt #: _____

Keys Issued by: _____ Date: _____ Keys Returned: _____ Date: _____

Security deposit returned: _____ Date: _____ Additional fees: _____