



Fort Belmont/JCT Inc.

Date of Event _____ **Type of Event** _____

If your request is between November 1st and May 1st, major snow removal will not be possible. Please refrain from scheduling during winter and early spring. If weather causes the event to be cancelled, you may reschedule for another available date.

- Start Time _____ a.m. / p.m. Finish Time _____ a.m. / p.m.
- Buildings requested for use:
 - ___ Delafield Church ___ Lysgard Farmhouse ___ Museum ___ Tower
 - ___ Black Smith Shop ___ Log Cabin/Stockade ___ Sod House ___ Grist Mill

Cost is \$100 for the 1st building, \$50 for the 2nd building and \$25 per each additional building.

- Total Due \$** _____ (3 hours included, \$50 charge for each additional hour)
- \$50 Deposit to Reserve Date \$ _____ Received on _____ Check # _____ or cash
(Deposit is non-refundable) Date
- Balance Due** Day of Event \$ _____ Received on _____ Check # _____ or cash
Date

***A second check for \$100 is required for damage deposit. This check will be returned to you after the event has been completed and no damage occurred.** Received on _____ Check # _____
Date

Fort Belmont/JCT Inc. Responsibilities:

The buildings will be clean and orderly
Requested buildings will be open on time and closed after event
Trash receptacles are available on site
Museum will be open for restroom facilities
Volunteers will be on duty during the event

Renter Responsibilities:

No alcoholic beverages on Fort Belmont grounds
No smoking within 25 feet of any building
No food or beverages inside Church (except water, as necessary)
No lit candles or flame inside buildings
All items used by group returned to proper location
All trash picked up and put in receptacles, buildings left in good condition

Fort Belmont Representative _____ Date _____

Fort Belmont/JCT Inc.
Mailing address: 114 3rd St. Suite B
Jackson, MN 56143
Phone: 507-847-3867 Fax: 507-847-3869
E-mail: chamber@jacksonmn.com
Website: www.fortbelmont.org

Site Address: 217 Belmont Lane, Jackson. I-90 Exit 73, south
1/4 mile, turn right (go west) past Kemna Asa and AmericInn.

Renter Signature _____ Date _____

Contact Name: _____
(Please Print)

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____

E-Mail: _____