



**City of Bowling Green  
Department of Parks and Recreation  
Facilities Rental Agreement**



This Agreement is made on \_\_\_\_\_ between the City of Bowling Green's Department of Parks and Recreation and the "Renter" specified below:

Date of Event: \_\_\_\_\_ Park Facility: \_\_\_\_\_

Event name/purpose: \_\_\_\_\_

Organization name/address: \_\_\_\_\_

Renter's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax number \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Estimated # of guests: \_\_\_\_\_

Will alcohol be served\*:  YES  NO  
 \*Proof of Liability Insurance due within 30 days of reservation.

**Acknowledgement**

I (Renter) have read, understand and agree to abide by the Parks and Recreation Department policies and procedures outlined in the attached Rental Policy. I further understand that violation of any of these policies and procedures may result in loss of rental privileges and any fees paid for such privileges.

\_\_\_\_\_ Renter Signature \_\_\_\_\_ Date

\_\_\_\_\_ BG Parks and Recreation Representative \_\_\_\_\_ Date

**\*\*Cancellation Policy:** Written notice of cancellation **must be** received: at least **31 days prior** to the event for refund of rental and deposit fees paid, less a \$25 processing fee. **30 -14 days prior** to the event for refund of security deposit only, rental fees paid will be forfeited. **13 or fewer days prior** to the event for refund of security deposit, less a \$25 processing fee, rental fees paid will be forfeited.

**Please send your signed, completed agreement and fees (payable to the City Of Bowling Green) to:**

Bowling Green Parks and Recreation  
1245 W. Newton Rd  
Bowling Green, OH 43402

Phone: 419.354.6223  
Fax: 419-353-6535  
Email: [bgparks@bgohio.org](mailto:bgparks@bgohio.org)

**FOR OFFICE USE ONLY PLEASE**

**Reservation #** \_\_\_\_\_

CT Needed: Yes \_\_\_ No \_\_\_

Room Set Up Form Completed: Yes \_\_\_ No \_\_\_  
(TACC and Simpson Rentals ONLY)

**Total Rental Fee:** \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Payment Type - Receipt #: \_\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_ CC # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**50% of Rental Fee:** \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Payment Type - Receipt #: \_\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_ CC # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Balance due 30 days prior:** \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Payment Type - Receipt #: \_\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_ CC # \_\_\_\_\_ Exp Date \_\_\_\_\_

**Security Deposit:** \$ \_\_\_\_\_ Date Pd: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Payment Type - Receipt #: \_\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_ CC # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Restricted Time Frame Fee (if necessary):** \$35 Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_ CC # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Requisition Submitted (if necessary):** Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Simpson Rentals Only**

Date items requested \_\_\_\_\_ Staff Initials \_\_\_\_\_

	<u>QUANTITIES</u>	<u>COST/Item</u>	<u>TOTAL COST</u>
Dishware/Glassware:	# _____	X _____	\$ _____
Silverware:	# _____	X _____	\$ _____
Clean up hours:	# _____	X _____	\$ _____
Extra Hours:	# _____	X _____	\$ _____
		<b>TOTAL FEES</b>	<b>\$ _____</b>

Payment Type - Receipt #: \_\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_ CC # \_\_\_\_\_ Exp Date \_\_\_\_\_

Date Pd \_\_\_\_\_ Staff initials \_\_\_\_\_

**Deposit Refunded:** Date: \_\_\_\_\_ To: \_\_\_\_\_

Invoice/Receipt #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_