



**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

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: _____

Non Profit Status Verified (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 _____	\$ _____
		TOTAL FEES	\$ _____

Payment Type - Receipt #: _____ Ck#: _____ Cash ___ CC # _____ Exp Date _____

Date Pd _____ Staff initials _____

Deposit Refunded: Date: _____ To: _____

Invoice/Receipt #: _____ Staff Initials: _____