



**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 Attached

Room Set Up Form Completed
 YES NO
(TACC and Simpson Rentals ONLY)

Acknowledgement

I (Renter) have read, understand and agree to abide by the Parks and Recreation Department policies and procedures outlined in this document. 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:** Written notice of cancellation **must be** received at least 30 days prior to the event for refund of rental fees paid, less a \$25 processing fee. Failure to provide such notice will result in forfeiture of all rental fees paid.

Please send your signed, completed agreement and fees to:

City of Bowling Green
Department of Parks and Recreation
1245 W. Newton Rd
Bowling Green, Ohio 43402
419-354-6223

Fax: 419-353-6535
Web: www.bgohio.com
Email: bgparks@bgohio.org

FOR OFFICE USE ONLY PLEASE

Reservation # _____

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 Due: _____ \$ _____ Date Pd _____ Staff Initials _____

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

Security Deposit: \$ _____ Date Pd _____ Staff Initials _____

Security Deposit - Receipt # _____ CK#: _____ Cash _____ CC # _____ Exp Date _____

Requisition Submitted: Date: _____ By: _____ Staff Initials _____

Deposit Refunded: Date: _____ To: _____ Staff Initials _____

Invoice/Receipt # and Date _____ Staff Initials _____

Date Key Picked Up: _____ # _____ By: _____ Staff Initials _____

Date Key Returned: _____ # _____ By: _____ Staff Initials _____

Proof of Liability Received: Date: _____ Staff Initials _____

****Support Application/FW:**

Date requested: _____ Staff initials: _____ (Given to Renter)

Sent to Director: _____ Staff initials: _____

Approved: _____ Staff initials: _____ (Returned from Director)

Simpson Rentals Only

Date items requested _____ Staff Initials _____

	QUANTITIES		COST/Item	TOTAL COST
Tablecloths	# _____	x	_____	\$ _____
Napkins	# _____	x	_____	\$ _____
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 _____

Maintenance/ Present During Event):

YES NO

Caretaker

UL (Unlock) L (Lock)