

Willard Parks & Recreation Rental Agreement 2015

FACILITY REQUESTING: _____

Today's Date: _____ Rental Date: _____ Purpose of Rental: _____

Contact Name: _____ Party/Organization: _____

Address: _____ City, State, Zip: _____

Contacts Primary Phone: _____ Email: _____

The **Facility** will be rented from _____ am/pm to _____ am/pm. ***THIS TIME INCLUDES SET-UP AND CLEAN-UP TIME***

How many **tables** do you need? _____ How many **chairs** do you need? _____ * **IF NOT AVAILABLE RENTER CAN BRING OWN***

Note: The **Community Building** has 100 chairs total and 14 tables total. The **Recreation Center** has 35 chairs and 4 tables. Please check to see how many are available for your rental date and if you need more than what we can provide you are responsible for providing them for your rental. **If renting party occupies the building other than the hours stated, fails to come pick up a key, or fails to return the key, the renter is subjected to forfeiture of the deposit fee.**

Community Building		Recreation Center		Pavilion		Baseball/Soccer Fields		Bounce House
Resident	Non-Res.	Resident	Non-Res.	Resident	Non-Resident	Resident	Non-Res.	Resident: \$75 p/hr
\$30 per/hr	\$35 per/hr	Big Gym \$25 p/hr	Big Gym \$30 Per/hr	\$10 p/hr	\$15 p/hr	Baseball \$35 p/hr	Baseball \$40 p/hr	NON Resident: \$85 p/hr
Kitchen: \$30 flat fee	Kitchen: \$30 flat fee	Sm. Gym \$20 p/hr	Sm. Gym \$25 p/hr			Soccer \$35 p/hr	Soccer \$40 p/hr	
\$75 Deposit	\$75 Deposit	Murray \$25 p/hr	Murray \$30 p/hr			\$350 All Day	\$400 All Day	

Payment:

- 1 hours payment **required with reservation**. This fee will be deducted from the final rental fee. ***NON-REFUNDABLE WITH CANCELATION***
- The remainder of your hourly fee **plus a required \$75.00 deposit** will be **due two weeks prior** to the rental date.
 - If the fees are not paid **two weeks prior** to the rental date rental will be cancelled.
- If renting the Community Building the key will need to be **picked up at the Recreation Center** during the weekdays from 8:30am-8:00pm.
 - If your rental is on the weekend, make sure you pick up the key by Friday before 8:00pm.
 - The \$75.00 deposit will be refunded: If the facility is clean, without damage, and the key is returned promptly.
 - You **must return the key to the Recreation Center** following the rental, hours to drop off a key are weekdays 8:30am-9:00pm and Saturdays 12pm-5:00pm.
- Refunds will be sent by mail to the above address within 4 weeks.
- Insufficient checks are charged a \$25.00 fee.

Rules

- Alcoholic beverages and/or any type of tobacco products are **not allowed** on the property.
- Some tables and chairs can be provided at the Community Building. However, set up and take down should be done by the renter.
- The following is the responsibility of the rental group:
 - Wipe down counters, tables, and chairs.
 - Sweep and/or spot clean floors if necessary.
 - Place all trash items in the trashcans provided and take to dumpster.
 - Make no alterations to the premises.
- Make sure the rental area is left as found. Any items left after the time indicated above, shall be deemed abandoned.
- All food service items must be supplied by the rental group (plates, napkins, cups, coffee, etc.)
- All sales are strictly prohibited on the premises.
- **For After hours emergencies or problems please call Parks Director at: 417-761-2439**

I understand that in the event the Willard Parks and Recreation Department requires agents to collect any default amount that all reasonable collection, finance charges, attorney fees, and court costs will be my obligation as well as principal amounts due. This offer is made for the express usage of the aforementioned person/group, their staff families and business clients. I also understand and agree that the City of Willard, Willard Parks & Recreation, the Willard Park Board, and any of its employees are not responsible for injuries or accidents, which could occur during renter's use of the property. Accordingly, renter shall indemnify and hold city, it agents, employees, representatives and assigns harmless of and from all liability whatsoever.

If you agree to all of the above, please sign in the space below.

Renter's Signature

Date Signed

Staff Representative

\$ _____ (hourly rate) x _____ (# of hours rented) + _____ (Flat Kitchen Fee if Applicable) + **\$75.00** (deposit fee) = \$ _____ (Total Rental)
balance due two weeks prior to rental date

Paid: \$ _____ Ck# _____ Cash/Credit Card Date Paid: _____ Staff: _____ Receipt #: _____

Paid: \$ _____ Ck# _____ Cash/Credit Card Date Paid: _____ Staff: _____ Receipt #: _____

Date Key Picked up: _____ Date Key Returned: _____ Amount Refund: _____ Date Refund Submitted: _____