

JAMES SHACKELFORD MEMORIAL PARK

476 BROWN BRIDGE ROAD, AUBURN, GA 30011

Pavilion Rental Agreement

*** FOR MULTIPLE DAYS, PLEASE ATTACH A SEPARATE FORM FILLED OUT***



Lessee Contact Information

NAME:		
TYPE OF EVENT:		
ADDRESS:		
CITY:	STATE:	ZIP
PHONE:	EMAIL:	
RENTAL DATE:		

City of Auburn
1369 4th Avenue
Auburn, GA 30011

Contact: Brooke Haney
770-963-4002 Ext.230
rentals@cityofauburn-ga.org

RENTAL TIME

BEGIN: <input type="checkbox"/> AM <input type="checkbox"/> PM	END: <input type="checkbox"/> AM <input type="checkbox"/> PM	TOTAL DURATION: _____ HRS
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TERMS AND CONDITIONS

1. Pavilions may only be rented from dawn until dusk. The park must be clear during the evening hours before dawn.
2. A \$35 NSF Fee is placed on each returned check
3. A damage/cleanup deposit is required. The deposit will be 50% of entire facility rental cost. At the conclusion of the event the lessee is asked to leave the facility in a "ready to use" condition. Remove all decorations and garbage. The deposit is refundable if the event coordinator completes the checklist, finds the facility to be in good order and signs off on the agreement.
4. Please ensure all lights are off and that all trash is in the proper trash receptacle.
5. No alcoholic beverages are allowed.
6. The City enforces State law regarding weapons on its properties and in its buildings.
7. The rentals of the pavilions/shelters are available to persons over the age of 18.
8. Deposit all waste in trash receptacles.
9. Park all vehicles in designated areas only. The use of motor vehicles outside of designated areas is prohibited. The City of Auburn is not responsible for any loss or damage to items left in parked vehicles.
10. As consideration for the use of the City of Auburn shelters/ pavilions/ gazebos, the undersigned agrees to indemnify and hold harmless The City of Auburn, Georgia, and its employees, officers, and agents from any and all claims and damages of any kind, including attorney's fees and expenses of litigation, relating to or arising from the under-signed's use of the City of Auburn shelters/ pavilions/ gazebos.
11. Cancellation Policy: In order to be refunded your deposit and usage fee, the lessee must notify the Parks and Leisure Department five (5) business days prior to the event.

LARGE PAVILION RENTAL FEE
MINIMUM TWO HOURS OF USE PER DAY

AUBURN CITIZENS/NON-PROFITS
_____ HRS X \$10.00 = \$ _____

NON-CITIZENS
_____ HRS X \$15.00 = \$ _____

SMALL PAVILION RENTAL FEE
MINIMUM TWO HOURS OF USE PER DAY

AUBURN CITIZENS/NON-PROFITS
_____ HRS X \$5.00 = \$ _____

NON-CITIZENS
_____ HRS X \$10.00 = \$ _____

50% DEPOSIT REQ'D

A 50% DEPOSIT OF THE TOTAL RENTAL COST IS REQUIRED FOR ANY RENTAL

By signing the application below, I agree to abide by the following Terms and Conditions:

In consideration for rental of the premises, I understand, and agree to follow and comply with all above written guidelines which are

incorporated herein by reference. Failure to comply with these guidelines will result in loss of privilege to use City facilities and will result in non return of deposit. I further understand that fundraising is not allowed on City property, and will not be using the facilities for that purpose unless I have written permission.

I accept responsibility of use of the City of Auburn Ballfields on the date(s) and hours stated on this form
Agreed to by: _____

Signature: _____ Date: _____

Print Name: _____

Title: _____

RENTAL FEE	\$ _____
DEPOSIT DUE	\$ _____
TOTAL DUE	\$ _____

OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

Date Payment Received: _____ Security Deposit Due: 50% OF RENTAL: _____ <input type="checkbox"/> CASH <input type="checkbox"/> CARD <input type="checkbox"/> CK/MO# _____ Amount Remaining \$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CARD <input type="checkbox"/> CK/MO# _____	Rental Approved By: _____ Date Approved: _____ Date of Rental: _____ <input type="checkbox"/> Posted on Calendar <input type="checkbox"/> Relay Date to Renter	Building passed inspection? <input type="checkbox"/> YES <input type="checkbox"/> NO Return Security Deposit? <input type="checkbox"/> YES <input type="checkbox"/> NO Deposit Returned: _____ Staff Initials: _____
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