

**Fort Bend County Fairgrounds
Rental Application**

DATE OF AGREEMENT: 7/11/14

DATE OF EVENT: 7/12-13/14

ALCOHOL SERVED: yes ☐ no ☒

APPLICANT/Contact: Motorevele Training Center Inc.

ADDRESS: 1423 N. Circle

CITY: Carrollton STATE: TX ZIP CODE: 75006

DAYTIME PHONE: 800-410-4549 ADDITIONAL PHONE: 972-242-0300

E-MAIL ADDRESS: _____

EVENT PURPOSE: Motorevele Training BUILDING: S/O & Midway

Free Set-up Time: _____ Date: X Start Time: 8:30 a.m. End Time: 4:30 p.m.

Event Time: _____ Date: 7/12/2014 Start Time: 7:00 a.m. End Time: 4:30 p.m.

Event Time: _____ Date: 7/13/2014 Start Time: 7:00 a.m. End Time: 12:30 p.m.

Paid rental time begins at 7 a.m. and ends at 2 a.m. -

Failure to vacate the building by 2 a.m. will result in a charge of \$25 per quarter hour deducted from the deposit.

Number of Extra Chairs (\$.50 Each): _____ Extra Tables (\$5.00 Each): _____

Please note that the rental payment for this event is to be paid in full by means of cash, certified check, money order or business/personal check, and is due at the time this reservation is approved.

I have read and understand the policies and procedures governing the rental use of the Fort Bend County Fairgrounds Facilities. I agree to abide by these policies and procedures, and understand that I will be held responsible for any damages or incidents that results from my use of the Fairgrounds. *I further agree to be present during the entire rental.

Applicant Signature: Jascha Patterson Date: 7-11-14

FOR OFFICE USE ONLY

RENTAL FEES:

Deposit \$ _____
Rental \$ 200.00
Set Up \$ _____
Extra Tables/Chairs \$ _____
Misc. - See Notes \$ _____

TOTAL DUE: \$ 200.00 + _____

Method of Payment:

☐ Cashiers Check
☐ Money Order
☐ Check # _____
☐ Cash

Receipt # _____

SPECIAL NOTES: _____

Signature of Cashier: _____ Date: _____

**Fort Bend County Fairgrounds
Rental Application**

DATE OF AGREEMENT: 6/23/14

DATE OF EVENT: 7/18-20/14

ALCOHOL SERVED: yes ☐ no ☒

APPLICANT/Contact: Motorcycle Training Center Inc.

ADDRESS: 1423 N. Circle

CITY: Carrollton STATE: TX ZIP CODE: 75006

DAYTIME PHONE: 800-410-4549 ADDITIONAL PHONE: 972-242-0300

E-MAIL ADDRESS: _____

EVENT PURPOSE: Motorcycle Training BUILDING: S/O & Midway

Event Time: Date: 7/18/14 Start Time: 6:00 p.m. End Time: 9:30 p.m.

Event Time: Date: 7/19/14 Start Time: 6:00 a.m. End Time: 4:30 p.m.

Event Time: Date: 7/20/14 Start Time: 6:00 a.m. End Time: 12:30 p.m.

Paid rental time begins at 7 a.m. and ends at 2 a.m. -

Failure to vacate the building by 2 a.m. will result in a charge of \$25 per quarter hour deducted from the deposit.

Number of Extra Chairs (\$5.00 Each): _____ Extra Tables (\$5.00 Each): _____

Please note that the rental payment for this event is to be paid in full by means of cash, certified check, money order or business/personal check, and is due at the time this reservation is approved.

I have read and understand the policies and procedures governing the rental use of the Fort Bend County Fairgrounds Facilities. I agree to abide by these policies and procedures, and understand that I will be held responsible for any damages or incidents that results from my use of the Fairgrounds. *I further agree to be present during the entire rental.

Applicant Signature: Jessha Patterson Date: 7-11-14

FOR OFFICE USE ONLY

RENTAL FEES:

Deposit \$ _____
Rental \$ 350.00
Set Up \$ _____
Extra Tables/Chairs \$ _____
Misc. - See Notes \$ _____

TOTAL DUE: \$ 350.00 +

Method of Payment:

☐ Cashiers Check
☐ Money Order
☐ Check # _____
☐ Cash

Receipt # _____

SPECIAL NOTES: _____

Signature of Cashier: _____ Date: _____

**Fort Bend County Fairgrounds
Rental Application**

DATE OF AGREEMENT: 6/23/14

DATE OF EVENT: 7/25-27/14

ALCOHOL SERVED: yes ☐ no ☒

APPLICANT/Contact: Motorcycle Training Center Inc.

ADDRESS: 1423 N. Circle

CITY: Carrollton STATE: TX ZIP CODE: 75006

DAYTIME PHONE: 800-410-4549 ADDITIONAL PHONE: 972-242-0300

E-MAIL ADDRESS: _____

EVENT PURPOSE: Motorcycle Training BUILDING: S/O & Midway

Event Time: Date: 7/25/14 Start Time: 6:00 p.m. End Time: 9:30 p.m.

Event Time: Date: 7/26/14 Start Time: 6:00 a.m. End Time: 4:30 p.m.

Event Time: Date: 7/27/14 Start Time: 6:00 a.m. End Time: 12:30 p.m.

Paid rental time begins at 7 a.m. and ends at 2 a.m. -

Failure to vacate the building by 2 a.m. will result in a charge of \$25 per quarter hour deducted from the deposit.

Number of Extra Chairs (\$5.00 Each): _____ Extra Tables (\$5.00 Each): _____

Please note that the rental payment for this event is to be paid in full by means of cash, certified check, money order or business/personal check, and is due at the time this reservation is approved.

I have read and understand the policies and procedures governing the rental use of the Fort Bend County Fairgrounds Facilities. I agree to abide by these policies and procedures, and understand that I will be held responsible for any damages or incidents that results from my use of the Fairgrounds. *I further agree to be present during the entire rental.

Applicant Signature: Jasha Patterson

Date: 7-11-14

FOR OFFICE USE ONLY

RENTAL FEES:

Deposit \$ _____
Rental \$ 350.00
Set Up \$ _____
Extra Tables/Chairs \$ _____
Misc. - See Notes \$ _____

TOTAL DUE: \$ 350.00 +

Method of Payment:

☐ Cashiers Check
☐ Money Order
☐ Check # _____
☐ Cash

Receipt # _____

SPECIAL NOTES: _____

Signature of Cashier: _____ Date: _____