

Fort Bend County Fairgrounds Rental Application

DATE OF AGREEMENT: 7/30/2015

DATE OF EVENT: 12/3/2016

ALCOHOL SERVED: yes no

APPLICANT/Contact: Maria D. Gonzalez

ADDRESS: 5611 Stoneridge Ct.

CITY: Rosenberg STATE: TX ZIP CODE: 77471

DAYTIME PHONE: 832-451-6822 ADDITIONAL PHONE: 281-341-8636

E-MAIL ADDRESS: mariarose.gonzalez@fortbendcountytexas.gov

EVENT PURPOSE: Birthday / Retirement Party BUILDING: D

Free Set-up Time: Date: 12/2/2016 Start Time: 8:30 a.m. End Time: 4:30 p.m.

Paid Set-up Time: Date: X Start Time: X End Time: X

Event Time: Date: 12/3/2016 Start Time: 7:00 a.m. End Time: 2:00 a.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: Maria D. Gonzalez Date: 7-30-15

FOR OFFICE USE ONLY

RENTAL FEES:

Deposit	\$ <u>150.00</u>
Rental	\$ <u>250.00</u>
Set Up	\$ _____
Extra Tables/Chairs	\$ _____
Misc. – See Notes	\$ _____
TOTAL DUE:	\$ <u>400.00</u> +

Method of Payment:

- Cashiers Check
- Money Order
- Check # _____
- Cash

visa
Receipt # 188318

SPECIAL NOTES: _____

Signature of Cashier: [Signature] Date: July 30, 2015