

Fort Bend County Fairgrounds Rental Application

DATE OF AGREEMENT: _____

DATE OF EVENT: _____ ALCOHOL SERVED: yes ☐ no ☐

APPLICANT/Contact: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ ADDITIONAL PHONE: _____

E-MAIL ADDRESS: _____

EVENT PURPOSE: _____ BUILDING: _____

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

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

Event Time: Date: _____ 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): _____

Refund: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

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: _____ Date: _____

FOR OFFICE USE ONLY

RENTAL FEES:

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

TOTAL DUE: \$ _____ +

Method of Payment:

<input type="checkbox"/> Cashiers Check
<input type="checkbox"/> Money Order
<input type="checkbox"/> Check # _____
<input type="checkbox"/> Cash

Receipt # _____

SPECIAL NOTES: _____

Signature of Cashier: _____ **Date:** _____