Fort Bend County Fairgrounds Rental Application

301 Jackson Box 36 Richmond, Texas 77469

DATE OF AGREEMENT:	
DATE OF EVENT:	ALCOHOL SERVED: yes 🗌 no 🗍
APPLICANT/Contact:	
ADDRESS:	
	STATE: ZIP CODE:
	ADDITIONAL PHONE:
E-MAIL ADDRESS:	
EVENT PURPOSE:	BUILDING:
Free Set-up Time: Date: Paid Set-up/Teardown Date: Time: Event Time: Date:	Start Time: 8:30a.m. End Time: 4:30 p.m. Start Time: 7a End Time: see security form ime begins at 7 a.m. and ends at 1 a.m.
Number of Extra Chairs (\$1	1.00 Each):Extra Tables (\$5.00 Each):
Refund:	
Address:	STATE: Tx ZIP CODE:
I have read and understand the policies Fairgrounds Facilities. I agree to abide held responsible for any damages or i	and procedures governing the rental use of the Fort Bend County by these policies and procedures, and understand that I will be neidents that results from my use of the Fairgrounds. *I further be present during the entire rental.
Applicant Signature:	Date:
·	OR OFFICE USE ONLY
RENTAL FEES: Deposit \$ Rental \$ Set Up/Teardown \$ Extra Tables/Chairs \$ Misc. – See Notes \$ TOTAL DUE: \$ SPECIAL NOTES:	Method of Payment: Cashier's Check Money Order Check # Cash
Signature of Cashier:	Date: