

CITY OF AUGUSTA SPECIAL EVENTS RENTAL CONTRACT

EVENT DATE(S):

CASE USE ONLY

Please check appropriate site(s). Rental fee based on the number of sites used:

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Jessye Norman Amphitheater</td> <td style="width: 33%;"><input type="checkbox"/> Augusta Common Conference Room - \$75.00 FEE</td> </tr> <tr> <td><input type="checkbox"/> Riverwalk Plaza(s) 8TH _____ 9TH _____ 10TH _____</td> <td><input type="checkbox"/> Riverwalk Bulkhead 8TH _____</td> </tr> <tr> <td><input type="checkbox"/> Augusta Common</td> <td>Private Parking Lot APPROVED YES NO</td> </tr> </table>	<input type="checkbox"/> Jessye Norman Amphitheater	<input type="checkbox"/> Augusta Common Conference Room - \$75.00 FEE	<input type="checkbox"/> Riverwalk Plaza(s) 8 TH _____ 9 TH _____ 10 TH _____	<input type="checkbox"/> Riverwalk Bulkhead 8 TH _____	<input type="checkbox"/> Augusta Common	Private Parking Lot APPROVED YES NO	
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<input type="checkbox"/> Augusta Common	Private Parking Lot APPROVED YES NO						

Bookings are accepted on a first come first serve basis. A rental deposit of \$100 and the signed contract is required to confirm your reservation. The insurance, balance of the rental fee, and clean up fee must be received by City of Augusta Special Events at least sixty (60) days before the event. City of Augusta Special Events cannot guarantee any date(s) until the deposit is received.

CASE USE ONLY	
RENTAL FEE: \$ _____	DATE RECEIVED: _____
FACILITY MAINTENANCE FEE: \$ _____	DATE RECEIVED: _____
DEPOSIT: \$ _____	DATE RECEIVED: _____
TOTAL DUE (60 days before event): \$ _____	DATE RECEIVED: _____

*-REQUIRED

*NAME OF EVENT: _____

TYPE OF EVENT: _____ ATTENDANCE EXPECTED: _____

*EVENT WEBSITE: _____ *EVENT PHONE #: _____

*EVENT TIME(S): SET-UP: _____ START: _____ END/BREAKDOWN: _____

NAME OR ORGANIZATION: _____

*PERSON IN CHARGE OF EVENT(LESSEE): _____

*EMAIL ADDRESS: _____

*TELEPHONE NUMBER: _____ ALTERNATE PHONE #: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

ADMISSION FEE: *IF APPLIES* _____ PURCHASE LOCATIONS: _____

SECURITY PERSONNEL CONTACTED: _____ DATE: _____

WILL THIS EVENT REQUIRE AN ELECTRICIAN ON DUTY? _____ NO _____ YES _____

STAGE SIZE: *IF APPLIES* _____ STAGE SET UP DATE: _____

TENT(S) SET UP DATE: _____ PLACEMENT: **PLEASE ATTACH LAYOUT**

TRASH TRAILER DELIVERY DATE: _____ PLACEMENT: _____

PORTABLE TOILETS: _____ NO _____ YES, # UNITS: _____ # HANDICAPPED: _____ # SINKS: _____

DELIVERY DATE: _____ WILL UNITS BE SERVICED?: _____ YES _____ NO _____

CONCESSIONS PROVIDED BY: _____

WILL THERE BE VENDORS DURING EVENT?: _____ NO _____ YES, IF YES NEXT LINE _____

VENDORS: _____ CHECK ALL THAT APPLY: FOOD _____ CRAFT _____ MERCH _____ OTHER _____

WILL ALCOHOL BE SERVED DURING EVENT?: _____ YES, PLEASE REVIEW GUIDELINES _____ NO _____

ALCOHOL APPROVAL DATE: _____

LIABILITY INSURANCE PROVIDER: _____ RECEIVED DATE: _____

HOLD HARMLESS AGREEMENT: _____ YES _____ NO MUST BE 200 OR LESS ATTENDEES AND 2 HOURS OR LESS FOR EVENT DURATION

Lessee agrees to comply with all applicable guidelines and procedures that are attached and made part of this contract. All events are tentative until approved by the City of Augusta Special Events Office.

SIGNATURE OF LESSEE: _____ **DATE:** _____

SPECIAL EVENTS OFFICE: _____ **DATE:** _____

ALL PAYMENTS MUST BE MAILED TO: CITY OF AUGUSTA SPECIAL EVENTS – 836 REYNOLDS STREET, AUGUSTA, GA 30901
CHECKS PAYABLE TO: AUGUSTA RICHMOND COUNTY