



UNION CITY
PARKS AND RECREATION DIVISION

Ronald Bridges Park

5285 Lakeside Drive, Union City, GA 30291 — (770) 964-1236 — (770) 964-1288 fax

FACILITY RENTAL AGREEMENT

EVENT DETAILS

Date of Event: _____ Start Time: _____ End Time: _____

Number of Invited Guests: _____ Facility: Multi-Purpose Room West Pavilion East Pavilion

Purpose of the event: _____

Food/Non-Alcoholic Beverages Present? Yes No Youth/Teen/Young Adult Party (20 and under) Yes No

Caterer Present? Yes No Is the event open to the general public? Yes No

RENTER INFORMATION

First Name: _____ Last Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Tel (H): _____ (W): _____ (C): _____ Fax: _____

E-Mail Address: _____

Applicant Type: OUnion City Resident ONon-Resident

Verification: Drivers License/State Issued ID _____

REQUIRED SIGNATURE: By signing below, I, _____, acknowledge I have received and read all of the Rental Policy Information. I understand that my security deposit may be forfeited and I may be billed for any additional expenses should any of the requirements listed in the Rental Policy Information be ignored or abused, or if any damages are a result of the actions of my rental.

Signature: _____ Date: _____