



UNION CITY
PARKS AND RECREATION DIVISION

Ronald Bridges Park

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

EVENT DETAILS

FACILITY RENTAL AGREEMENT

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

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

Purpose of the event: _____

RENTER INFORMATION

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

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

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

Tel (Cell): _____ (Work): _____ (Home): _____

E-Mail Address: _____

Applicant Type: Union City Resident Non-Resident

Verification: Driver's 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 \$150 reservation fee will be forfeited in the event that I cancel my event. 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: _____



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Renter Name: _____ Event Date: _____

Address: _____

Phone Number: _____ Rented Facility: _____

PAYMENT INFORMATION
(Payable to "City of Union City")
No Partial Payments

SECURITY DEPOSIT: CODE 298

Amount Due	Amount Paid	Cash or Check/MO #	Date Paid	Remaining Balance Due	Employee Initial

NOTES: _____

RENTAL FEE: CODE 406
(\$100 is paid at the time of registration to reserve requested date)

Amount Due	Amount Paid	Cash or Check/MO #	Date Paid	Remaining Balance Due	Employee Initial

NOTES: _____

BALANCE IS DUE 2 WEEKS BEFORE THE EVENT

Final Balance Due Date: _____

Final Balance Paid Date: _____