UVALDE COUNTY FAIRPLEX RENTAL AGREEMENT

Name of Contact Person/Responsible Party		
Name of Organization (if applicable)		
Name of Person/Organization to issue Refund		
Mailing Address (for return of deposit funds)		
Phone / Secondary Phone		
Email		
Event Date		
Rental Start/End Time		
Event Start/End Time (tentative)		
Type of Event		
Will Alcohol be Sold	Yes ☐	No ☐

Check Appropriate Box: Private Event ☐ Public Event Gated ☐ Public Event Non-Gated ☐

Venue:

	Commissioners Auditorium		North Arena		Cleaning Fee
	Frio Room		South Arena		Early/Late Access Fee
	Nueces Room		Cypress Room		Tractor/Water Truck Driver
	Sabinal Room		Concession Stand		Alcohol Sales Fee
	Leona Room		Ticket Booth		
	Kitchen		VIP Lounge		
	Stardust Pavilion		RV Spaces		
	Dry Frio Room		Stalls		
	Dry Frio Kitchen		Grounds		

Add-on Services:

Venue/Add-On Service	Fee Amount	Contract Changes (Office Use Only)	
Total Rental Fees Due			
Total Deposit Due		Deposit Receipt#	
Total Due (Rental Fees + Deposit)		Date of Contract	

I acknowledge and certify that I am responsible for the fees shown on this document and further that I have read the attached Uvalde County Fairplex Rental Agreement in its entirety and agree to be bound by its terms.

By: _____ **By:** _____

Fairplex Management **Date** **Renter** **Date**

Uvalde County Fairplex, 215 Veterans Lane, Box 13, Uvalde, Texas 78801, (830) 591-9040, fairplex@uvaldecounty.com

ORIGINAL to FILE **COPY to PAYER** **COPY to AUDITOR**