

UVALDE COUNTY FAIRPLEX RENTAL AGREEMENT

Name of Contact Person/Resp	onsible 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 Ye		Yes	No 🗆			
Check Appropriate Box: Private	Event Pu	blic Event	t Gated Pub	olic Eve	nt Non-Ga	ated
Venue:			Add-on Ser	vices:		
Commissioners Auditorium	North Arena	1	Cleaning Fee			
Frio Room	South Arena		Early/Late Ac	cess Fe	6	
Nueces Room	Cypress Room		Tractor/Water			
Sabinal Room	Concession Stand		Alcohol Sales Fee			
Leona Room	Ticket Booth		Pavilion Stage Setup/Use			
			ravilloli Stage	e Setup	/USE	
Kitchen	VIP Lounge					
Stardust Pavilion	RV Spaces					
Dry Frio Room	Stalls					
Dry Frio Kitchen	Grounds					
Venue/Add-On Service	Fee Amount		Contract Changes (Office Use Only)			
Total Rental Fees Due						
Total Deposit Due			Deposit Rec	ceipt#		
Total Due (Rental + Deposit)			Date of Co	ntract		
I acknowledge and certify that I am responsible for the fees shown on this document and further that I have read the attached <u>Uvalde County Fairplex Rental Agreement</u> in its entirety and agree to be bound by its terms.						
By:		Rv.				
Fairplex Management	Date	Ву:	Renter			Date