

# ELLETTSVILLE PARKS BOARD

## SHELTER RENTAL AGREEMENT AND RULES

Name: \_\_\_\_\_ Group: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Rental: \_\_\_\_\_ Hours of Rental: \_\_\_\_\_

Name of Shelter: \_\_\_\_\_

Electricity Needed:            Yes            No                                  Bathrooms Open            Yes            No

Rental Fee: \_\_\_\_\_ Deposit Amount (if any): \_\_\_\_\_

1. Events must be paid for in full at the time of reserving the shelter houses. No reservations will be made without full payment.
2. Event cancellations require a 48 hour notice for 100% refund; 50% will be refunded with notices given less than 48 hours.
3. Deposit on large shelter house will be refunded upon inspection and mailed within 30 days following inspection.
4. The shelters are available for rental year round from 6:00 a.m. until 11:00 p.m.
5. Restrooms are available May through October.
6. Please do not damage the shelter house by using staples, nails, push pins or double-sided tape.
7. No alcoholic beverages, drugs, firearms, or fireworks are allowed within the park boundaries.
8. Vehicles must park within the parking lots at all times.
9. Pick up and place all trash in the appropriate areas.
10. Rain days are not applicable to refunds.
11. Leave shelter houses in the same condition in which received.
12. Violations of park rules may result in a group being asked to leave the park property with no refund of the reservation fee.

I, as representative of the above named group, hereby reserve the shelter for the above listed date and time. As the responsible party for this group, I understand it is my duty to see that all park rules are obeyed by the group while using the facilities. The following rules and regulations are applicable to the use of all shelters within the Park system. I clearly understand and have received the policies regarding shelter reservations and will be responsible for my group complying with all regulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only

After Rental Inspection:

Employee Conducting Inspection: \_\_\_\_\_ Condition: \_\_\_\_\_

Refund Authorized (if applicable): \_\_\_\_\_ Signature: \_\_\_\_\_

Collected:  
 Rental fee \_\_\_\_\_  
 Deposit \_\_\_\_\_  
 (if applicable)  
 Total \_\_\_\_\_  
 Receipt No. & Date \_\_\_\_\_

Refunded:  
 Deposit \_\_\_\_\_  
 Date Refunded \_\_\_\_\_  
 Check Number \_\_\_\_\_

**Notes:**