



Application for Facility Rental

Name of Event: _____

Description of Event: _____

Location: Dr. Jack Giesy Equestrian Arena

Event Days/Times: Wednesday Evenings from 5:30pm – 8:30pm

Number of Participants: _____

Today's Date: _____

Applicant Information

Name of Applicant or Leasing Organization: _____

Address: _____

Representative (w/signatory authorization): _____ Title: _____

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

Phone: _____ Fax: _____ Email: _____

Organization Website: _____

Registered in the state of: _____ Tax ID# _____

Principal Owners/Managers in Organization _____

List any other individuals, companies, or organizations involved in the production/promotion of this event:

How did you hear about the Clark County Event Center?

Previous Experience or Practices at Another Facility

Event: _____ Date(s): _____

Facility: _____ Contact: _____ Phone: _____

FSMG, at its sole discretion, shall maintain the right of approval or disapproval of this application for the rental of the Clark County Event Center.

Rental requirements include a \$1,000,000 General Liability Insurance Policy based on contract specifications. The policy must name FSMG as Additional Insured and include a Waiver of Subrogation in favor of FSMG.

At times, reserved dates may not be available based on other contracted events. FSMG will make every effort to contact the Applicant as far in advance as possible to advise of date cancellations. There will be no charge for practice dates canceled by FSMG.

The applicant hereby agrees that the information provided herein is true and factual, that the applicant is not acting on behalf of any undisclosed parties or principals, and has provided a full, complete and accurate disclosure of the information contained herein. The applicant also understands that providing false information could result in the immediate cancellation of the event and/or the implementation of cancellation provisions of the Rental Agreement.

The applicant authorizes FSMG to make a complete and full review of all documents and information listed above and authorizes the disclosure of all materials and records to this process.

This application does not guarantee space. Only a fully executed contract signed by both parties guarantees space.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Please return completed application to:
Clark County Event Center
17402 NE Delfel Road, Ridgefield, WA 98642
Phone: 564-397-6180 • Fax: 564-397-6185
Email: kathys@cceventcenter.org