



UVALDE COUNTY FAIRPLEX RENTAL AGREEMENT

Name of Contact Person/Responsible Party			
Name of Organization (if applicable)			
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			
Private Event / Public Event / Public Gated			
Will Alcohol be Sold			

Venue:

Add-on Services:

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	
Event Center Kitchen	VIP Lounge	
Stardust Pavilion	RV Spaces	
Dry Frio Room	Stalls	
Stardust Pavilion Kitchen	Grounds	

Venue/Add-On Service	Fee Amount		
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: _____
Fairplex Management Date

By: _____
Renter Date