

Office: \_\_\_\_\_

275 Beasley Drive | Versailles, KY 40383  
Phone: 859 873 5948 | www.vwcparksrec.com

# FACILITY RENTAL FORM

If a private rental, is the renter a Falling Springs Center Member?  Yes  No

Renter's Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
 Organization Info (if applicable) : \_\_\_\_\_ (C): \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ (W): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Contact Person (if needed): Name: \_\_\_\_\_ Phone (C): \_\_\_\_\_

**Type of Rental:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Pavilion or Barn Rental             | <input type="checkbox"/> Gym Party Package           | <input type="checkbox"/> Court Rental                     |
| <input type="checkbox"/> Pool Party Package                  | <input type="checkbox"/> Multi-purpose Room          | <input type="checkbox"/> Full Facility Rental (after hrs) |
| <input type="checkbox"/> Outdoor Pool Party (after hrs only) | <input type="checkbox"/> Full Gym Rental (after hrs) | <input type="checkbox"/> Fairgrounds/Cross Country Course |
| <input type="checkbox"/> Indoor Pool Party (after hrs only)  | <input type="checkbox"/> Lock-In (after hours)       | <input type="checkbox"/> Other: _____                     |

Facility: \_\_\_\_\_

Purpose of Rental: \_\_\_\_\_

Day & Date of Rental: \_\_\_\_\_

Time of Rental: \_\_\_\_\_

# of Attendees: \_\_\_\_\_

**OFFICE ONLY:**

Base Fee:	
Additional Fee: <small>(Hourly, Attendees, Etc)</small>	
Discount:	
Total Due:	

**Rental Guidelines:**

1. Reservations may be made in person (or via email or fax with a credit card)
2. Cancellations to rentals must be made at least 10 business days prior to the date of the reservation to receive a full refund.
3. Renter is not allowed into rented facility until start time listed above and must be out of rented area by ending time listed above
4. All rentals must adhere to all facility rules, regulations, scheduled activities, breaks, etc.
5. Food should not be prepared in the Party Room, although pre-prepared food is allowed.
6. Refreshments must be kept in the Party Room or Multi-Purpose Room.
7. Renter is responsible for cleanup of facilities after use & must be completed by the end of the reservation period.
8. All rentals require chaperones age 21 or over (1 adult to every 10 kids).

The above indicated individual/organization assumes full responsibility and liability for all persons involved in the activity during the hours indicated above and to indemnify and save harmless the Versailles-Woodford County Recreation and Parks Department, City of Versailles, City of Midway, and the Woodford County Fiscal Court against any and all claims for loss, injury, or damage to persons or property including claims on employees of permittee arising out of activities conducted by the permittee, it's agents, members, or guests. This organization/individual further agrees to be responsible for the conduct of the activity and the condition of the facility upon expiration of the authorized time as indicated above.

The Recreation and Parks Department reserves the right to revoke the authority of this permit for failure to observe any of the conditions indicated herein. In addition, the Recreation and Parks Department will not issue a future permit to any of the participants of this activity should a violation of the above indicated regulations occur.

Renter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Only: Payment Method: \_\_\_\_\_ Amount: \_\_\_\_\_ Staff Person: \_\_\_\_\_

Notes: \_\_\_\_\_  
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