

201 W. Main St. ~ P.O. Box 68 ~ Warsaw, Mo. 65355 Phone: (660) 438-5522 Fax: (660) 438-7142 welcometowarsaw.com

DRAKE HARBOR/AMPHITHEATER RENTAL AGREEMENT

Name:			Date:
Address:			
Street	Citv	State	Zip
Phone #:	_ Alternate Phone	#:	
mail:		-	
s this a company sponsored event? (Circle One)	Yes (if yes, fill in company inf	ormation below) No)
Company/Organization Name:			
daress:			
Street	City	State	Zip
hone #:	Alternate Phone	e #:	•
mail:			
Facility Rentals: (Check all that apply)			
		201-1950 B-1945	
Amphitheater	\$150.00	A SHAPPING T	A SHOP WAS THE
Drake Harbor:			
Pad #1 (front grass area)	\$100.00	- 0	0.440
Pad #2 (back grass area)	\$100.00	Pad #1	Pau #2
Pad #1 & #2 (rent together)			A way la fall
			Ampallaleater
Extra Fee:			
Revenue generating event (ticket sales/personal profit)\$50.00		
AMOUNT PAID: \$ DATE:		3	the Name
DATE:		(0)	"全世界"
Event Information:			The second secon
Using sound equipment? Fill out a Sound Amplification Permit	Putting up a structure of	· · · · · · · · · · · · · · · · · · ·	
fill out a Special Use Permit. These permits must be filled out i	in addition to the rental as	larging entrance fee roomont	s, selling merchandise, etc
	addition to the rental ag	reement.	
Type of Event:			
event Date(s):	Max # of People Attending:		
event Start/End Time (include set-up/clean-up): Start:	AM/PM	End:	AM/PM
Briefly describe your event/activity:	•		
the undersigned, certify and acknowledge that I have re	ad and will alst a series		

Reservations:	Up to two years in advance. Minimum two-week notice. Full rental fee due at the time of reservation.	
Rental Procedure:	 Rental Agreement Sound Permit (if needed) Park Special Use Permit (if needed) 	
Ticket Sales:	Revenue generating events are acceptable for an additional \$ to the rental agreement.	
Concessions:	Unit must be fully contained and the renter must provide their own electric. No additional fees will be applied.	
Cancelation:	NO REFUNDS! Event may be rescheduled within one year of the original event date.	
Insurance:	Public Liability Insurance is required, naming the City of Warsaw as the certificate holder. • \$1,000,000.00 per single accident/occurrence. • \$2,000,000.00 with amusement devices.	

OFFICE STAFF:	
TRANSACTION: \$ Debit/Credit	Receipt #:
Staff Initials:	Date: