

**TOWN OF MEDICINE PARK NON-RESIDENT  
EVENT CENTER RENTAL AGREEMENT  
19001 Hwy 49, Medicine Park, OK 73557**

1. PARTIES: **TOWN OF MEDICINE PARK** ("Town")  
\_\_\_\_\_ ("Renter")
2. DATE(S): \_\_\_\_\_
3. TIME OF EVENT: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
PREP TIME: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM
4. TYPE OF EVENT: \_\_\_\_\_
5. NUMBER OF ATTENDEES EXPECTED: \_\_\_\_\_ (Limit of 150 for indoor seating, 30 for outdoor/patio seating)

6. TERMS FOR FRIDAY-SATURDAY-SUNDAY:  
Half Day \$400 (Maximum number of hours: 6.)  
Full Day \$750 (Maximum number of hours: 12.)

Sound System Rental \$75.00	Rental Fee	\$ _____
Linen Rental Fee \$100 Tablecloths + \$1 per Chair Cover	Sound System Rental	\$ _____
\$250 Refundable security deposit required	Linen Rental	\$ _____
	Refundable Deposit	\$ 250.00
	Cleaning Fee	\$ 100.00
	<b>TOTAL:</b>	<b>\$ _____</b>

TERMS FOR MONDAY THRU THURSDAY: \$80 per hour with a \$150 refundable deposit.

# Hrs _____ X \$80 =	\$ _____	(minimum 2)
Linen Rental	\$ _____	
Sound System Rental	\$ _____	
Refundable Deposit	\$ 150.00	
Cleaning Fee	\$ 100.00	
Hrs Decorate/Prep # Hrs _____ X \$25 =	\$ _____	(maximum 2)
<b>TOTAL:</b>	<b>\$ _____</b>	

**For Refund of Deposit, premises must be returned to original condition and cleaned up according to specified instructions. May NOT remove curtains, pictures from walls, or hang any decorations on walls or ceilings with staples, thumbtacks, or tape. Any damage to walls, ceilings, or any part of building or furniture will result in forfeit of entire deposit.**

7. PAYMENT: Payment to the Town is due at the time of signing this agreement. Check or Money Order should be payable to the Town of Medicine Park. Credit Card payment accepted at City Hall. (fees applied) Deposit must be paid to reserve date. Balance is due in full within 30 days of booking.

8. CANCELLATION POLICY: If booking is cancelled more than 30 days before scheduled event, \$75 will be retained to cover administrative costs. If booking is cancelled less than 30 days before scheduled event, \$150 will be retained to cover administrative costs and/or loss.

9. WAIVER OF CLAIMS: Renter agrees to waive all claims against the Town that may arise as a result of the use of the premises and will hold the Town harmless from any and all such claims.

**AGREED:**

**RENTER:**

\_\_\_\_\_(Signature) \_\_\_\_\_  
Date

\_\_\_\_\_(Print Name)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**TOWN:**

By: \_\_\_\_\_  
Date