



Surrounded by Inspiration

## Ski Hi Rental Application

In addition to this application, a Certificate of Liability, Vendor List, and proof of waste arrangements must be provided to the City of Monte Vista 10 days before the event. A rental deposit of 50%, as well as a separate cleaning and damage deposit of \$200.00 (in the form of a separate check), is due when submitting this application. A forfeit of deposit will occur if any reservation is cancelled within 1 month prior to the event. All rental fees are to be paid in full 10 business days prior to the event.

### Organization Information

Name of Organization Responsible for Payment: \_\_\_\_\_

If using a Non-Profit group to receive discounted prices, please be aware this will be the group that is billed and you will need to show proof

Mailing Address of Responsible Organization:

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

Contact Name of Responsible Representative: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

### Event Information

Name of Event: \_\_\_\_\_

Do you want the name of the event listed on the marquee? Yes  No

Date(s) of the Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Set-up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tear-Down Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Times: \_\_\_\_\_ Times: \_\_\_\_\_

By signing below, I acknowledge that:

I have read and understood the *Ski Hi Park Rental Policies* provided to me. All Rental fees are to be paid in full 10 business days before the event. I am accepting responsibility for the condition and security of the building as well as the keys that will be issued. I understand that I will be charged \$100.00, per occurrence, of leaving the building unsecured. I also understand that if I, or someone I designate a key to, should lose a key, I could be charged the cost to re-key the entire building. I also have reviewed the rental fees that have been tabulated and agree to pay the total amount invoiced below.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Official Use Only

This is a non-profit group: Yes  No  This is a non-profit youth serving group: Yes  No

Total amount due before any fee waivers: \$\_\_\_\_\_ Discount Received from City Council: \$\_\_\_\_\_

**Total Amount of Invoice: \$\_\_\_\_\_ AR Billing Received: \_\_\_\_\_ Date: \_\_\_\_\_**