



## PARK/BALLFIELD RENTAL AGREEMENT

Renter:

FEES:

(Photo Identification Required. Must be at least 21 years of age.)

Address:										
 Phone:		_ Type of Event:								
Event Date(s):			M	Т	W	Th	F	Sa	Su	(Circle One)
Event Time: From	То	(Earliest time	is 7 Al	M ei	very	day,	: lat	test t	ime	is 10 PM.)

**<u>PRICE</u>**: The price for reserving the New Ellenton Park includes a \$25.00 damage deposit for all residents inside the City limits of New Ellenton, and a \$50.00 rental fee for those living outside the City limits. Deposit must be paid to guarantee reservation.

**DEPOSIT/RENTER LIABILITY:** CONTRACT HOLDER IS RESPONSIBLE AND WILL BE HELD ACCOUNTABLE FOR ANY DAMAGES. After the event, any damage and/or clean-up cost will be deducted from the deposit. In the event that fees exceed the cost of the deposit, the contract holder will be liable and billed accordingly. The City will notify the contract holder if all or part of the deposit is being withheld, or if the contract holder is to be billed for any additional fees. Alcohol is prohibited on the premises (*Section 13-32* of City Code). After the park has been inspected, the contract holder may pick up the full or remaining amount of the deposit at City Hall. Picture identification will be required for returned deposits.

**<u>UTILITIES</u>**: If water or electricity is needed for an event, there will be an additional charge of \$50 per day.

<u>MUSIC</u>: Music should be kept to a minimum and must not disturb neighboring residents (*Section 10-20* of City Code).

**POLICE OFFICERS**: If police supervision is desired, arrangements must be made in advance with the New Ellenton Police Department. This service is not guaranteed and additional fees may apply.

**<u>TABLES AND CHAIRS</u>**: The renter is responsible for supplying and arranging tables and chairs for their event. The renter is also responsible for taking down the tables and chairs. The City is NOT responsible for any items left on the premises after an event.

Deposit:	\$ Received by:	 Date:
Utilities:	\$ Received by:	 Date:

By signing below, I am affirming my knowledge and understanding of this document. Furthermore, I agree to accept responsibility as it defined in this agreement, and to abide by the rules and procedures herein.

Renter's Signature:	I	Date:					
FOR OFFICE USE ONLY:							
Date Deposit Returned:	_ Amount Returned:	Received by:					

P.O. BOX 459, New Ellenton, SC 29809. (803) 652-2214. Fax (803) 652-3233 www.newellentonsc.com



## City of New Ellenton

## How to get your deposit back: