

DRIPPING SPRINGS
**RANCH
PARK**

Dripping Springs Ranch Park Facilities Rental Agreement

Physical Address: 1042 Event Center Drive

Mailing Address: PO Box 384

Dripping Springs, Texas 78620

512-858-4725

Applicant Information

Organization Name: _____

Name of Contact: _____

Address: _____ City, State, Zip: _____

Phone: _____ Other Phone: _____

Email: _____

Event Information

Dates: From: _____ To: _____ Times of Use (Please be specific: list all times space is needed including for deliveries and set-up): _____

Type of Event: _____

Expected Attendance for Event: _____

Check Amenities Requested

_____ Fields 1 2 3 4 (circle) _____ Stalls

_____ Outdoor Arena _____ Round Pen _____ Primitive Camping _____ Outdoor Arena Drag

_____ Outdoor Arena Lights _____ RV Sites _____ Event Center (Entire Facility) _____ Indoor Arena

_____ Special Event Room** _____ Vendor Hall/Front Porch** _____ Concession Kitchen

_____ Special Electrical Needs (Please List) _____

_____ Special Dirt Needs (Please List) _____

_____ All Facilities at DSRP

Tables Quantity: _____ Chairs Quantity: _____

Custodial Fees: _____ * Staff on-site during event: Y N # of staff needed _____

***Custodial Fees may be waived if Lessee will do their own cleaning. Security deposit could be forfeited if rented space is not back to original condition at end of event.**

****Parties booking individual areas of the Dripping Springs Ranch Park and Event Center (Vendor Hall/Front Porch, Special Event Room, etc.) are subject to being rescheduled or offered another space to hold their event if a party requests booking the entire facility 45 days or more from the individual area booking. In order to guarantee a reservation with no restrictions the entire Event Center must be reserved.**

Please make sure to complete the DSRP Set up Form if you have special set up requirements for your event.

Will there be loudspeakers, live music, or any activity which involves amplification equipment/devices of any kind?
___Yes ___No If yes, please describe: _____

Will you use the DSRP Sound System/Microphones? _____

Will you use the projector/screen in the Special Event Room? _____

Will you use the Television to display schedules or information for your event? _____

Will you need a Sound/AV Tech on hand prior to or during your event? _____

If so, what specifically are your needs for Sound/AV? **(Please be as detailed as possible)**

Alcoholic Beverages

Will there be alcohol for sale?* ___ Yes ___ No

Copy of TABC license/permit provided? Yes ___ No ___ Approved by _____ City Staff

TABC* License # _____ Date Submitted: _____

*TABC License required. See Facilities Rental Policy.

Vendor approved by City Staff for alcohol sales? ___ Yes ___ No Approved by City Staff _____

Alcoholic beverage vendors must have a Certificate of Liability Insurance policy for at least \$1,000,000.00 covering personal and property injuries arising from this event. Certificate of Liability Insurance (for alcoholic beverage coverage) provided? Yes ___ No ___ Approved by City Staff _____

General Liability Insurance Information

Certificate of General Liability Insurance provided?* Yes ___ No ___ Approved by City Staff _____

Would you like to request Concession Sales at your event? ___ Yes ___ No

POLICIES AND PARK RULES FOR USE OF THE EVENT CENTER AND OUTDOOR ARENA COMPLEX ARE ATTACHED. PLEASE READ THOROUGHLY BEFORE RESERVING THE FACILITIES. YOU WILL BE REQUIRED TO ADHERE TO ALL POLICIES AND PARK RULES.

Please read and sign below:

I have read, and agree to the terms and conditions stated in the Policies and general Park Rules for the Dripping Springs Ranch Park Event Center and/or Outdoor Arena Complex, and Ranch House/Grounds and do hereby request the use of the facilities as outlined in this Agreement. As the authorized agent, I shall be the responsible contact for my group, organization, membership, and/or event. I hereby agree to indemnify and hold harmless the City of Dripping Springs, and its officers and employees from and against any and all liabilities for any injury to person or property which may be suffered by me or by my party arising out of or in any way connected with participation in the rental noted above. By signing below I declare I have read, understand, and agree to abide by the existing said Policies and Park Rules. I understand that I may request to have a copy of the Policies and Park Rules for my possession.

Lessee Signature

Date Signed

City Representative Signature

Date Signed

Please make checks payable to: City of Dripping Springs; and hand deliver to 511 W. Mercer, Dripping Springs, Texas 78620 OR mail to City of Dripping Springs, PO Box 384, Dripping Springs, Texas 78620. Contact DSRP Manager for more information.

FOR OFFICE USE ONLY

Date Application Received: _____

Dates for the Permit(s) _____

Total Deposits: _____

Total Rental Fees: _____

Total Payment Received: _____

Balanced Owed: _____

Date Permit Approved: _____

Date Permit Approved: _____

Date Permit Approved: _____

Date Permit Approved: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

For Event on: _____

Payment type: _____ Cash _____ Check # _____

Permit Receipt Number: _____ *Deposit Returned:* _____ *By:* _____

Notes _____

City Staff member signature: _____

