WABAUNSEE COUNTY FAIR ASSOCIATION
FACILITY RESERVATION FORM

Organization: __________________________________________ Contact Person: ______________________________

Address: __________________________________________ Phone No. (H): __________________________

__________________________________________ (W): __________________________

Planned purpose/activity: ____________________________________________________________________________

Rental Date(s): ______________________ Pickup Key Date: ___________ Return Key Date: ____________

___$125.00 South Building(Heat/Air) ___$100.00 Out Buildings ___$175.00 So Building & Out Buildings
___$ 25.00 Additional Day(s) ___$ 100.00 Deposit TOTAL: $ _________

Rental fee includes use of facilities for 1 day. For each additional day that the key is checked out and facilities are used, the renter will be assessed $25.00 per day. Arrangements need to be made with the Extension office if set up needs to be done before the event or clean up will be done the following day. Getting the key ahead of time is subject to availability.

CANCELLATION POLICY: $50.00 fee if the reservation is cancelled within 2 weeks of the scheduled event.

DEPOSIT, PAYMENT & CLEAN UP POLICY: A check for the rent and deposit (made payable to Wabaunsee County Fair Association) is required to CONFIRM THE RESERVATION. The check will be deposited immediately. All damage and cleaning costs incurred shall be paid by the party renting the facilities. The deposit will be refunded pending clean up/damage inspection.

A fee of $8.00/hour will be charged for additional clean up provided by the Fair Association.

VENDORS MUST PROVIDE PROOF OF INSURANCE. In addition to providing their own proof of insurance, auctioneers will be responsible for notifying food vendors that they must also provide proof of insurance. Building keys will not be available until both the auctioneer and food vendor provide proof of insurance.

Use and scheduling of Fair Buildings are on a “first come, first serve” basis. Reservations may be made at the Wabaunsee County Extension Office (785) 765-3821, Office hours: 8:00 – 12:30, 1:00 – 4:30 (M-F)

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE RULES AS OUTLINED AND AM RESPONSIBLE FOR THE CONDUCT OF THE GROUP UNDER MY SUPERVISION.

SIGNATURE: ________________________________ DATE: ________________

Return this form and payment to the Wabaunsee County Extension Office, 215 Kansas, Alma, KS. 66401
1. All events require adult supervision.

2. The right to refuse use is decided by the Wabaunsee County Fair Association.

3. No equipment is to be borrowed or used outside the building without permission.

4. Renter is responsible for setting up chairs and tables and returning them to storage. (chairs: 108; tables 18)

5. Nothing may be attached to the walls, ceiling or woodwork.

6. Leave all facilities in a clean and orderly condition:
   (Please bring your own dish clothes and towels)
   Clean bathrooms
   Check kitchen stove
   Wipe off tables
   **TURN OFF lights, fans, furnace and air conditioner**
   Check faucets
   Take out trash
   SWEEP & MOP floors
   Remove all tape from floor, tables or wherever used (do not use on walls or ceiling)
   Be sure doors are closed and locked
   Make sure outside trash is picked up & trash barrels are moved to the trash dumpster

7. Trash bags and paper towels are supplied.

8. Utensils in the cabinets and drawers belong to the Wabaunsee County Fair Association. Please put things back where you found them and in the condition you found them.

9. **RENTER IS RESPONSIBLE FOR:**
   Crowd control
   Security of building
   Property damage
   Facilities and equipment
   Accidents or personal injury as a result of their activity
   Complying with local and state fire regulations
   Cleanup

10. Doors are to remain closed when the air conditioner or furnace is in use.

11. No long distance calls may be made during the designated rental period.

12. The full deposit will be refunded if everything inside and outside the buildings pass inspection.

**SIGNATURE:** ____________________________  **DATE:** ________________