



Town of Pahrump 400 N. Hwy 160 Pahrump, NV 89060 Phone:775.727.5107 Fax: 775.727.0345

Pahrump Community Parks Rental Agreement

EVENT TITLE: _____

GROUP NAME: _____

CONTACT NAME: _____

CONTACT PHONE: _____

This phone number may be used on the Town's website for information purposes. YES NO

DATE(S) REQUESTED: _____

SET-UP: _____ START TIME: _____ END TIME: _____ TAKE-DOWN: _____

NUMBER OF EXPECTED PARTICIPANTS: _____

Has a **Certificate of Liability Insurance** naming the Town of Pahrump as Certificate Holder or as Additionally Insured been submitted? YES NO

Number of Overnight Permits Required: _____ Overnight Permit Approved? YES NO

PLEASE INDICATE WHICH PARK YOU WILL BE USING:

Petrack Park Ian Deutch Memorial Park Simkins Park

Area: A B C D E

Would you like your event placed on the marquee? YES NO

If yes, what wording: _____

Please note marquee space is limited. Town of Pahrump reserves to right to remove, replace, or deny space on the marquee.

Special Requests: _____

Is electricity needed: YES NO Will anyone be selling food or alcohol? YES NO

DEPOSIT: \$300 REFUNDABLE IF PARK AREA IS CLEANED AND NOTHING IS BROKEN OR DAMAGED. This deposit shall be in the form of a check or money order, payable to the Town of Pahrump. Deposit must be submitted to the Town Office. If not received, the event is subject to cancellation. EVENT WILL NOT BE POSTED TO THE CALANDER UNTIL DEPOSIT IS RECEIVED.

BY SIGNING THIS FORM, I AGREE TO:

- Behave responsibly in accordance with all park rules as posted. Each group is responsible for leaving the park area in the order in which it was found, picking up trash and taking all items that were brought in, back out.
- Complete any required vendor paperwork should there be any intent to sell food, alcohol, or merchandise at the event and supply it to the Town Office no later than five (5) days prior to the event.

Signature

Date

**Town Office hours are Mon-Fri 8:00AM – 5:00PM
In case of weekend or after hour emergency call 764-9125 or 764-0436**

OFFICE USE ONLY

Returned To: _____

Date Returned: _____

Signature/Address: _____

Staff Initials: _____