

Greene County Recreation Department Athletic Facility Agreement
2741 Old Union Point Rd. Greensboro, GA 30642
706-486-2251 (Main Office & Fax)
www.greenerec.org

<p><u>Baseball Fields</u> Field 1 Field 4 Field 2 Field 5 Field 3</p>	<p align="center">\$100 without lights \$125 with light</p>
<p>Second Additional Field</p>	<p align="center">\$75 per day</p>
<p>Pavilion Rental <ul style="list-style-type: none"> • Must provide own tables and chairs. </p>	<p align="center">\$75 per day \$50 deposit</p>
<p>Conference Room <ul style="list-style-type: none"> • Holds up to 16 people; tables and chairs provided. </p>	<p align="center">\$100 per day \$100 deposit</p>
<p>Gym Rental</p>	<p align="center">\$35 per hour \$50 deposit (\$10 fee for out of County)</p>
<p>Soccer Field</p>	<p align="center">\$100 per day \$100 deposit</p>
<p>Staff</p>	<p align="center">\$15 per hour</p>

****FIELD WILL ONLY BE LINED ONCE BEFORE THE GAMES BEGIN.**

DURING THE TOURNAMENT, SCOREBOARDS MUST BE USED, FACILITY/RESTROOMS MUST BE KEPT CLEAN, AND ALL ENTRANCE GATES/PEDESTRIAN GATES OR HANDICAP ENTRANCES MUST BE OPEN TO THE PUBLIC OR DEPOSIT WILL BE FORFEITED

RENTERS MUST PROVIDE:

PROOF OF RESIDENCE
ADEQUATE LIABILITY INSURANCE FOR THE EVENT

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Facility Information:

Please list park and the facility of which you request use.

Park: _____ Facility: _____

Event Information:

Event Date: _____ Arrival Time: _____ Departure Time: _____

Type of Event: _____

Comments/Details of event:

Contact Information:

Name: _____

Street Address: _____

County of Residence: _____ Phone Number 1: _____

Phone Number 2: _____ Email: _____

Authorization:

I, the participant or the parent or guardian of the minor participant, hereby provide my approval for the minor to participate in this activity. I hereby acknowledge that I am familiar with all risks and hazards incidental to such participation, and I further herby assume all risks and hazards incidental to such participation including, but not limited, transportation to and from the activities. In exchange for the valuable consideration of the minor participating in such activity, I hereby release, absolve, and agree to hold harmless Greene County, the Greene Couth Park & Recreation Board, sponsors, supervisors, coaches, participants, persons transporting the minor, and all other persons and legal entities acting on behalf of Greene County and the Greene County Park & Recreation Board in connection with such activity from any act on negligence associated with the activity except and to the extent and the amount covered by accident or liability insurance.

By signing below, I understand that payment is due at time of registration unless other arrangements have been made and approved through management. I also acknowledge that I have received a copy of, and read and understand, The Greene County Parks & Recreation Facility Use Policy, Refund Policy, Rules, and the Ordinance.

X _____

Date: _____

Authorized Signature

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Contract Date _____ Event Date _____
Name _____ Organization _____
Address _____ City _____ State _____ Zip Code _____
Work/Cell Phone _____ Home Phone _____
Email _____
User Date _____ Beginning Time _____ Ending Time _____

➤ Field 1 w/lights	➤ Pavilion Rental
➤ Field 1 w/o lights	➤ Gym Rental
➤ Field 2 w/lights	➤ Out of County Rental
➤ Field 2 w/o lights	➤ Conference Room
➤ Field 3 w/lights	➤ Additional Fields
➤ Field 3 w/o lights	➤ Soccer Field
➤ Field 4 w/lights	➤ Staff (\$15 per hour)
➤ Field 5 w/lights	
➤ Field 5 w/o lights	

Deposit \$ _____ Date Paid _____
Rental \$ _____ Date Paid _____
Lights \$ _____ Date Paid _____
Other Charges \$ _____ Date Paid _____

Contract Total \$ _____

User Signature _____ Date _____
Approved By _____ Date _____

Deposit Refunded _____ Approved By _____

Leesee Signature _____ Date _____