

Saline County Fair Association

P.O. Box 124 Marshall, MO 65340 Sam Igo, President

FOR ADDITIONAL INFORMATION PLEASE CONTACT 660-886-0804

RENTAL AGREEMENT

- Deposit is required and must be paid in full at the time of booking. Your event will not be secured on the calendar without a deposit.
- Rent must be paid in full in order to receive a key or access to the facilities. This includes outdoor rental facilities. Only one key will be issued per rental.
- There is a non-refundable \$150.00 per day fee for any additional days you may need – set-up day prior to your event day and/or cleanup day after your event day. The \$150.00 non-refundable fee is due at the time the deposit is paid.
- Multi-Purpose Building:
 - Smoking is not allowed in the Multi-Purpose Building.
 - No stapling, gluing, taping, etc of any materials on paneling. Hooks have been provided for your convenience.
 - No attachments are to be made to the ceiling beams/rafters or the walls.
 - All decorations are to be removed by hand, not pulled, ripped, etc. to avoid damage.
 - Trash is to be taken to dumpster located by the outdoor restroom facilities. Pick up ground litter outside of facility.
 - Floors are to be swept and mopped in all areas of the building, including the restrooms and kitchen.
 - Bathrooms are to be cleaned
 - Kitchen is to be cleaned, including ovens & stovetops; and removal of YOUR items from refrigerators & freezers
 - Tables and chairs are to be washed off and returned to their original location.
 - Thermostat is to be turned to 60 degrees in the winter or 80 degrees in the summer and all lights are to be turned off prior to exiting the facility.
 - Key is to be returned as soon as possible or by noon the day following your rental. Weekend rentals are to return the key by noon on Monday following the event.
 - Clean up of the multi-purpose building is to be completed by 5 a.m. the day following your rental, unless you have secured an additional day for clean up at the time you booked your event. Full day rental means you have possession of the building from 8 a.m. the day of your event until 5 a.m. the following morning.
 - **You are responsible for any damages or unsanitary conditions caused by your guests. Damages will result in all or part of deposit money plus additional deposit money being revoked.**
- Outside Rental Facilities:
 - Pick up ground litter and clean up smoking receptacle.
 - Empty trash containers. Trash may be taken to dumpster located by outdoor restroom facilities.
 - Outdoor restroom facilities, if used, must have trash taken out, stools flushed, floor swept, mirrors cleaned. Please do not use cleaning products that will damage stainless steel.
- **THE SALINE COUNTY FAIR ASSOCIATION IS NOT RESPONSIBLE FOR ACCIDENTS, LOSS, DAMAGE OF ANY PERSONAL PROPERTY.**

The facilities will be inspected immediately following your event. If the criteria listed above have been met to the satisfaction of the inspector your deposit will be returned to you. All or part of your deposit will be kept if the criteria listed above have not been met and/or any damages have occurred. Deposit refund checks will be issued and mailed the 1st and 15th of each month or closest business day.

Sam Igo
President

Brent Murphy
1st Vice President

Glenn Eilers
2nd Vice President

Carolyn Taylor
3rd Vice President

Gary Dowell
Treasurer

Shelly Arth
Secretary

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PLEASE MAKE ALL CHECKS PAYABLE TO: SALINE COUNTY FAIR ASSOCIATION

I have read and understand the rental agreement regarding the rental of property and/or buildings of the Saline County Fair Association.

SIGNATURE: _____

Please print the following information:

Your deposit will be returned to the name and address listed below.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Would you like your event advertised on the electronic sign located at the entrance to the Fairgrounds?

(There is no additional charge for this service!) YES: _____ NO: _____

Event Date: _____

Estimated Event Start Time: _____ Estimated Event End Time: _____

Type of Event: _____

If Wedding Reception, please list names of Bridal Couple: _____

Additional Event Information (i.e. Anniversary, Birthday, Business Meeting, etc.) Please describe your event in as much detail as possible:

For Office Use Only:

Rental Date(s): _____

Facility Rented: _____

Deposit Fee: _____ Date Paid: _____

Set Up Day Fee: _____ Date Paid: _____

Clean Up Day Fee: _____ Date Paid: _____

Payment Method: Cash _____ Check: _____

Amount of Rent Due: _____

Additional Deposit: _____

Total Amount Due _____ when Key is picked up.

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