



Contact:
13 ½ E Divide
PO Box 1143
Bowman, ND 58623
(701) 523-5880

4 Seasons Rental Agreement

Renter:

Name: _____ Phone: _____

Organization/Event Title: _____

Date of Event: _____

Email: _____

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

☐ Four Seasons Pavilion

SUB-TOTAL

Event Day	\$500	
Partial Day (Monday-Thursday)	\$200	
Early Set Up	\$50	
Extra Day	\$100	

☐ West Wing

SUB-TOTAL

Hourly Rate	\$25	
Daily Rate	\$100	

☐ Kitchen/Dining Room* (Complete Government Compliance Form on Page 3)

SUB-TOTAL

Hourly Rate	\$25	
Daily Rate	\$100	

☐ Add-Ons

SUB-TOTAL

AV Equipment	\$25	
Curtains	\$50	

☐ Bar Needed

TOTAL:

***There is a 25% deposit required to secure the event date that must be submitted within 48 hours of booking the event. The deposit will be applied to the overall cost of rental.**

Payment Policy:

- Renter must return a signed copy of the rental agreement with deposit
- Remaining balance is due when keys are picked up
- A credit card must be left on file upon picking up keys and will be charged in the case of damages.

Cancellation Policy:

- Deposit will not be refunded if cancellation occurs within 90 days of scheduled event

Event Guidelines:

- Event Day - Renter may occupy building at noon on the day prior to event and must be vacated by noon on the day following your event.
- Early Set Up – Renter may occupy building at 8:00am the day prior to the event (ex. If your event is on a Saturday, you may occupy the facility at 12pm Friday – but early set up will allow for 8am on Friday)
- Extra Day – Renter may occupy building at 12pm one day before the event. (ex. If your event is on a Saturday, you may occupy the facility at 12pm Friday – but an extra day allows for 12pm on Thursday)
- Keys may be picked up at the Bowman Area Chamber of Commerce office Monday through Friday 8:00am to 5:00pm.
- If renting kitchen, checklist must be completed and returned to the office and “Information For Government Monitoring Purposes” form completed by renter. (see Page 3 of contract)
- Keys must be returned to the Chamber office by 4:30pm the first business day following the event or an additional per day charge will be added
- At the end of the event, the renter is responsible for turning off all lights, and locking all doors
- Absolutely NO PETS without prior permission.
- All buildings on the Bowman County Fairgrounds are NON-SMOKING. Please use the ash receptacles outside the building.
- The air conditioning will only be turned on the day of the event by Fair Board Manager.

_____ I have read the Payment, Cancellation, and Event guidelines and agree to all terms.

Initial

Alcohol Policy:

- Alcohol not purchased from the Bowman County Fair Association is not allowed on the premises.
- Wine and Champagne for Wedding Receptions must be purchased from the BCFA. A 60-day notice must be given to the Fair Board Manager so these products may be ordered.
- Homemade beverages such as “RedEye” may be served at wedding receptions with prior approval from the Fair Board Manager. All wine, champagne, and homemade beverages can only be served during the reception and serving must stop once the wedding dance starts.
- If your function is a dance, security must be present. Please contact the Bowman County Sheriff Department to schedule. The **RENTER** is responsible for paying for security. If you fail to arrange for security, the bar must be shut down.

Decorating Guidelines:

- No hay or straw bales. There will be no exceptions.
- Candles used on tables must be enclosed in glass globes or candleholders.
- **No tape, tacks, staples, nails etc.** are to be used for decorating. **Sticky Tack** may be used.
- Absolutely **no water beads** are allowed for decorating.
- All personal items must be removed by noon on the day following your event. The cleaning people will remove garbage, tables, and chairs.
- Curtains must be put away by renter.
- Kitchen clean-up is the responsibility of the renter
- I understand that if any damages are incurred or if any furnishings or are destroyed or missing, or if there are any other damages to walls or floors, the Bowman County Fair Association will prepare and submit billing to the renter to cover the full market value of repairs or replacement of damaged or missing items.

Miscellaneous:

- Inside dimensions of the buildings
 - a. Four Seasons Pavilion – 80' x 90' Maximum Seating 875
 - b. West Wing – 33' x 90' Maximum Seating 275
- Tables and Chairs
 - a. 20 six foot tables, 42 eight-foot tables, and 31 eight-foot round tables

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law states that a provider of services may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.

Ethnicity (mark one)	Race (mark one or more)
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	



This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, DC 20250

_____ I have read the Alcohol Policy and Decorating Guidelines and agree to all terms.
Initial

_____ I have read and agree to all terms stated in this contract. I agree to pay the deposit
Initial according to the terms stated and the balance prior to the event.

Renter Signature _____ Date _____

BCFA Representative Signature _____

THANK YOU FOR TAKING CARE OF THIS FACILITY WHILE USING IT!
THE BOWMAN COUNTY FAIR BOARD

_____ Deposit Paid

_____ Balance Paid

CREDIT CARD AUTHORIZATION

Date: _____

Event: _____

_____*(Initial)* I agree to leave the premises in good condition with no damages or lost/missing items or furnishings. I understand that I will be charged full market values for any items or furnishings that are damaged or missing at the time I leave the premises.

This form acts as authorization for both the security deposit on the facilities rental and furnishing and as guarantee of payment. The Bowman County Fair Association requires that this form be completed and returned with contract requirements before your reservation becomes valid.

I, _____, hereby agree to, and authorize the use of my credit card as a security deposit against loss or damage of the facilities and furnishings and payment for charges related to the rental of Bowman County Fair properties. I understand that if any damages are incurred or if any furnishings are destroyed or missing, the Bowman County Fair Association will prepare and submit charges to my credit card to cover the full market value of repairs or replacement of damaged or missing items. I understand and agree to these terms as set forth in this document. I agree that the signature below is the same on the credit card with the below stated number. I authorize the Bowman County Fair Association to charge my credit card accordingly.

I, _____*(name)*, agree and authorize to charge the remaining balance in relations to the rental such as late fees, damages, missing items, or any other balance unpaid according to the terms and conditions of the contract, and applicable service charge of (3% fee) to my credit card below. _____*(Initial)*

Credit Card Number _____ - _____ - _____ - _____ () Visa () Mastercard

CID/DVW _____ (3 digit code on the back of the card) *Expiration Date _____

**NOTE: Credit Card information provided must be current (Expiration Date has to extend at least one month after date of event scheduled). To keep costs low for our customers, a 3% service charge applies to all credit card payments.*

Credit Card Holder Name _____

Credit Card Holder Signature _____

Print Name _____

Full Name, Address and Phone Number where credit card statement is mailed:

Name _____

Address _____

City, State, Zip _____

Phone _____

Please return the completed contract and credit card authorization form to:

Bowman County Fair Association

**PO Box 1143
Bowman, ND 58623**