



Dripping Springs Ranch Park Facilities Rental Agreement

**1042 Event Center Drive
Dripping Springs, TX 78620
(512) 858-4725**

Mailing Address: PO Box 384, Dripping Springs, TX 78620

Applicant Information

Organization Name: _____

Contact Name: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Other Phone:** _____

Email: _____

Event Information

Date(s) of Event **From:** _____ **To:** _____

Time of Use (*please be specific and list all times the space is needed, including for deliveries and set-up*):

Name of Event: _____

Description of Event: _____

Expected Attendance for Event: _____

Sound and Audio/Visual Equipment

Will there be loudspeakers, live music, or any activity which involves amplification equipment/devices of any kind? YES NO If yes, please describe: _____

Will you use the DSRP Sound System/Microphones: YES NO

Will you use the projector/scree in the Special Event Room: YES NO

Will you use the Television to display schedules or information for your event: YES NO

Will you need a Sound/AV Tech on hand prior to or during your event: YES NO

If you answered yes to any of the above, please state your specific needs for Sound/AV: _____

Alcoholic Beverages

**Please see Facilities Rental Policy regarding alcoholic beverage service and consumption.*

Will alcohol be served at your event: YES NO

Will alcohol be sold at your event: YES NO

If alcohol is to be sold at your event, you must provide a copy of your Texas Alcoholic Beverage Commission Permit and, a copy of the Certificate of Liability Insurance with at least \$1,000,000.00 (One-Million Dollars and Zero Cents) coverage for personal and property injuries.

TABC License Number: _____

Date Submitted: _____ Received by: _____

Certificate of Liability Insurance provided: YES NO

Approved for Alcohol Sales: YES NO

City Staff Signature of Approval _____

General Liability Insurance

Certificate of Liability Insurance Provided: YES No

Concession Sales

Would you like to request Concession Sales at your event: YES NO

Check Amenities Requested

_____ Fields 1 2 3 4 (please circle)

Total: _____

\$75 Per Field, Per Day (\$150 Security Deposit)

_____ Stalls

Total: _____

\$20 Per Day

Check here if you will handle your own stall check-ins: _____

_____ Outdoor Arena

Total: _____

\$150 Per Day OR \$75 Per Day with Indoor Arena Rental

_____ Primitive Camping

Total: _____

\$10 Per Night

_____ Outdoor Arena Lights

Total: _____

\$25 Per Day

_____ RV Sites with Hook-Up

Total: _____

\$35 Per Night

_____ Event Center (Entire Facility)

Total: _____

Full Day (12 hours) \$1750, \$75 for each additional hour

_____ Indoor Arena (please circle one)

Total: _____

Full Day (12 hours) Friday – Sunday \$900

Full Day (12 hours) Monday – Thursday \$400

Half Day (6 hours) Monday – Thursday \$225

Each Additional Hour \$40

_____ ****Special Event Room (please circle one)**

Total: _____

Full Day (12 hours) Friday – Sunday \$850

Half Day (6 hours) Friday – Sunday \$450

Full Day (12 hours) Monday – Wednesday \$400

Half Day (6 hours) Monday – Wednesday \$250

Each Additional Hour \$50

_____ ****Vendor Hall/Front Porch (please circle one)**

Total: _____

Full Day (12 hours) \$350

Half Day (6 hours) \$200

Each Additional Hour \$35

_____ Concession Kitchen (please circle one)

Total: _____

Full Day (12 hours) \$250

Half Day (6 hours) \$150

Each additional hour \$25

_____ Special Electrical Needs (please list)

Total: _____

Large Amp Plugs \$35 Per Event

Direct Plug into Transformer \$50 Per Event

_____ Special Dirt Needs (please list)

Total: _____

Arena Packing \$450 Per Event

Other fees will be assessed on a case by case basis.

_____ All Facilities at DSRP (excluding Ranch House) **\$2500**

Total: _____

Tables Quantity _____ **\$5 Per Table**

Total: _____

Chairs Quantity _____ **\$.50 Per Chair**

Total: _____

***Custodial Fees may be waived if Lessee will do their own cleaning. Security deposit could be forfeited if rented spaces is not back to original condition at the end of the event.**

_____ *Custodial Fees (please circle one)

Total: _____

Event Center Entire Facility \$500

Special Event Room with Food and Drinks \$350

Special Event Room no Food and Drinks \$250

Vendor Hall/Front Porch \$150

Indoor Arena \$150

Concession Kitchen \$100

_____ Staff On-Site during Event Total: _____

Number of Staff Needed _____

Number of Hours _____ **\$25 Per Hour** Total: _____

_____ Water/Drag Fees during Event Total: _____

\$100 Per Day

_____ Equipment Rental during Event (Tractor/Drag/Water) Total: _____

\$150 Per Day

Total Fees Due: _____

Total Fees Paid _____

Total Deposits Paid _____

Balance Due _____

***Balance Due For:** _____

**** Parties booking individual areas of the Dripping Springs Ranch Park and Event Center (Vendor Hall/Front Porch, Special Event Room, etc.) are subject to being rescheduled or offered another space to hold their event if a party requests booking the entire facility 45 days or more from the individual area booking. In order to guarantee a reservation with no restrictions the entire Event Center must be reserved.**

To ensure no other events will take place during your event, you must book the entire Event Center.

A layout of your event must be provided on the attached DSRP Floorplan if you have special set up requirements for your event.

POLICIES AND PARK RULES FOR USE OF THE EVENT CENTER AND OUTDOOR ARENA COMPLEX ARE ATTACHED. PLEASE READ THOROUGHLY BEFORE RESERVING THE FACILITIES. YOU WILL BE REQUIRED TO ADHERE TO ALL POLICIES AND PARK RULES.

Please read and sign below:

I have read, and agree to the terms and conditions stated in the Policies and general Park Rules for the Dripping Springs Ranch Park Event Center and/or Outdoor Arena Complex, and Ranch House/Grounds and do hereby request the use of the facilities as outlined in this Agreement. As the authorized agent, I shall be the responsible contact for my group, organization, membership, and/or event. I hereby agree to indemnify and hold harmless the City of Dripping Springs, and its officers and employees from and against any and all liabilities for any injury to person or property which may be suffered by me or by my party arising out of or in any way connected with participation in the rental noted above. By signing below I declare I have read, understand, and agree to abide by the existing said Policies and Park Rules. I understand that I may request to have a copy of the Policies and Park Rules for my possession.

Lessee Signature

Date Signed

City Representative Signature

Date Signed

Please make checks payable to: DSRP; and hand deliver to 1042 Event Center Drive, Dripping Springs, Texas 78620 OR mail to DSRP, PO Box 384, Dripping Springs, Texas 78620. Contact DSRP Manager for more information.