



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

## Fairgrounds Rental Agreement

**Renter:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization/Event Title: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dakota Winds Outdoor Arena

SUB-TOTAL

Daily Rate	\$100	
Spectator Event Rate	\$200	
Electrical	\$50	

Arena Extended Sound System

SUB-TOTAL

Daily Rate	\$100	
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Larkin Building

SUB-TOTAL

Daily Rate	\$300	
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Panel Building

SUB-TOTAL

Daily Rate	\$300	
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Concession Building

SUB-TOTAL

Daily Rate	\$25	
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Additional

SUB-TOTAL

Grounds Clean-Up	\$100	
Parking/Camping	\$20/site/night	

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 310 days of scheduled event

**Spectator Event Policy:**

- Any event that charges a fee at the door will be considered a Spectator Event.

**Event Policy:**

- A copy of this agreement (included) must be signed and returned to the address listed above together with your deposit
- Renters are responsible for carrying insurance. Proof of Liability insurance must be turned in prior to event at offices
- Any damages to the building or its contents are the responsibility of the renter
- All personal items must be removed, lights shut off, thermostat returned to marked temperature, and doors locked when the building is vacated. All further cleaning will be handled by the Bowman County Fair Association.
- The sound system is available upon request
- You can *pick up and return the keys* at Bowman Area Chamber of Commerce / Bowman County Development Corporation Offices between the hours of 8:00 am and 5:00 pm Monday through Friday, closed on holidays
- All garbage must be picked up in the bleachers, on the cement and in the bathrooms. All trash must be hauled to the dumpsters
- All manure left by animals must be picked up – leaving manure or other garbage in the arena will result in a \$100+ fine for renter – NO EXCEPTIONS

**Concessions Building:**

- If kitchen area is used it must be cleaned before vacating building
- Please return Kitchen Checklist to the Chamber and EDC office after completion.
- All lights, appliances, rags, garbage and fridge/freezers must be cleaned
- Kitchen Checklist located on the clipboard on the kitchen counter must be completed and returned to the office with the key, or a \$50 fee will be assessed renter

**Initial**

**In addition to the above statements, renter please initial the following stipulations:**

1. I understand that all manure left by animals must be picked up. Leaving manure or other garbage in the arena will result in a \$100+ fine - NO EXCEPTIONS. \_\_\_\_\_
2. I understand if any animals associated with a booked event are penned outside, renter is responsible for ensuring that all manure has been cleaned up upon completion of event. \$100 fine will be issued to event holder if areas are not cleaned. \_\_\_\_\_
3. Any damages to the building or its contents are the responsibility of the renter. \_\_\_\_\_

I have read and agree to all terms stated in this contract. I agree to pay the deposit according to the terms stated and the balance prior to the event. 2

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**