

City of Stanley
P.O. Box 53 Stanley, ID 83278
(208) 774- 2286
20' x 20' TENT USE AGREEMENT

USER MUST READ AND INITIAL BY EACH NUMBER BELOW!!

The undersigned person(s) or organization, hereinafter User, agree that in consideration for the use of the Stanley Community Building, they will abide as follows:

1. User shall use the 20' x 20' Tent on the following date: _____
 For the purpose of: _____

FACILITY	FEE	AMOUNT ENCLOSED
20' x 20' Tent Rental	\$ 150.00	\$
Security & Damage Deposit	\$ 50.00	\$
Installation and Removal	\$ 50.00 + mileage	\$
TOTAL		\$

All Community Building facilities are subject to inspection according to the guidelines enclosed. Any additional cleaning required by the City will be deducted from the Security & Damage deposit, or if more, User will be billed.

- ___ 1. The daily rental fee is \$150 with a refundable security/damage deposit of \$50 required to reserve the tent.
- ___ 2. Installation and removal of the tent can be arranged for \$50 fee within the Stanley City limits. Installations outside of the Stanley City Limits will be charged an additional \$3 per mile.
- ___ 3. The tent may only be installed in the Stanley City Park with concurrent park rental
- ___ 4. Persons wishing to leave the tent up overnight must obtain prior approval for the City of Stanley and have city personnel perform the installation.
- ___ 5. Any damage to the tent noted prior to assembly must be brought to the attention to the City of Stanley before the tent is installed.
- ___ 6. Arrangements for the return of the tent must be made prior to pick-up.
- ___ 7. Deposits will only be returned after the tent has been inspected and approved by city personnel with all poles, stakes, ropes, and sandbags accounted for. Damages to the tent and missing items whose value exceeds the \$50 deposit will be billed accordingly.
- ___ 8. Any person or organization using this tent does so at his/her own risk and no liability, duty, obligation, and/or responsibility shall be imposed upon the City of Stanley, County of Custer, State of Idaho, the Stanley City Council and any cosigner or any of their agents for any accident, injury, mishap, theft, damages and/or other harm regardless of the source of imposition.

AGREED this _____ day of _____, _____

 User Signature

Print Name: _____

Address: _____

Telephone: _____

(Please return this form to the City of Stanley at the above address)

For Office Use Only			
Date received _____	Check/Cash _____	Full/Partial _____	Balance Due _____
Security Deposit Refunded Y/N _____	Date Refunded _____	Check # _____	Amount _____