



Equipment Rental Information Request

EVENT INFORMATION

Requested date(s): _____

Pick Up Date: _____ @ _____ Return Date: _____ @ _____

Event Name: _____

Customer is responsible for picking up and returning rental items.

Requested Number of Chairs: _____ x \$2.00 per chair _____ day = \$ _____

Requested Number of Tables: _____ x \$5.00 per table _____ day = \$ _____

Bleachers: Number of Bleachers: _____ x \$25.00 _____ day = \$ _____

Small P.A. System: \$125.00/event = \$ _____

Projector & Screen: \$50.00/event = \$ _____

La Pine Community Center Equipment that stays at the Community Center

Large P.A. System \$300/event

plus \$30 per hour for LPRD Staff to run P.A. system = \$ _____

Stage Lights \$75.00/event = \$ _____

Scissor Lift \$50.00/event

plus \$30 per hour for LPRD Staff to run lift = \$ _____

Total Rental Cost: \$ _____

Primary Contact *(person responsible for rental fees and insurance)*

Name: _____

First Last

Address: _____

Street Address

_____ *City State Zip Code*

Mobile Phone: _____ Alternate Phone: _____

Email: _____

Secondary Contact

Name: _____
First Last

Mobile Phone: _____ Alternate Phone: _____

Organization

(if applicable)

Name: _____ 501(c)3 non-profit yes no

Phone: _____ If yes, IRS Tax ID #: _____

Address: _____
Street Address

_____ *City State Zip Code*

Is this event in partnership with La Pine Park & Recreation District? yes no

I have read and reviewed the La Pine Park & Recreation District equipment rental rules and guidelines. I agree to follow the La Pine Park & Recreation District equipment rental rules and guidelines.

Signature: _____

Printed Signature: _____

Questions/Comments

Send completed request form by email to michelle.gaidimas@lapineparks.org
Please allow one week for LPRD to review request forms. Once the request form has been reviewed, LPRD will contact the primary patron listed with further information and next steps for booking. Submission of this request form does not confirm or guarantee a rental.

Date Submitted: _____

For Office Use

Date Paid: _____ Amount: \$ _____ Cash Card Check # _____ Receipt #: _____ Received by: _____