



Rio Linda Elverta Recreation and Park District
810 Oak Lane Rio Linda, CA 95673 916-991-5929

Equipment/Games Rental Form

1. **Equipment Requested:**
\$35 per day (Applies to Each Item):
 Pickleball Equipment (1 net, 4 paddles, 2 balls); Shuffle Board Equipment (4 cues, 8 discs);
 Horseshoe Equipment (4 horseshoes, 2 Stakes)
\$50 per day (Applies to Each Item):
 Snow Cone Machine; Cotton Candy Machine; Popcorn Machine; Balloon/Dart Game
 Ring Toss Game; Down the Clown Game; Fish Bowl Game; Slots of Fun Game
2. Equipment Pickup Date and Time : _____ Dropoff Date and Time _____
 (Monday- Friday; 8:30AM-4:30PM Only)
3. Date (s) Requested: _____
4. Person in Charge: _____ Phone: _____
5. Address: _____ City/Zip: _____
6. Email: _____ Alt Phone: _____
7. Alt Person in Charge: _____ Phone: _____

IMPORTANT! PLEASE READ CAREFULLY BEFORE SIGNING:

The applicant (and his or her organization) is solely responsible for any damages, accidents or injuries to persons or property resulting from the use of Rio Linda Elverta Recreation and Park District’s Equipment. Any applicant obtaining a permit shall be responsible for the control and supervision of the people using the rented equipment and shall take care to see that no damage is done to the equipment/games. Equipment and games must be clean. Equipment and games must be returned at the time and date list on this permit under “drop-off date and time”. Any violation of this provision can result in a denial of further permits and forfeiture of security deposit. By signing this agreement, I authorize an additional charge to my credit card for the entire cost required to replace any equipment I’ve rented that is returned damaged or any equipment not returned to the Rio Linda Elverta Recreation and Park District by the above listed return date.

I/We, the undersigned, have read and hereby agree to abide by the above provisions, and all rules and regulations.

BY: _____ Date: _____

This Permit has been approved:

By: _____ Date: _____

Refundable Security Deposit: \$50 (Cash or Credit) Paid

Rental Fee: \$ _____ Paid

Deposit Returned: Yes No

Total Due: \$ _____ Total Owed: \$ _____ Paid

Amount: \$ _____ Charges: \$ _____

*Deposit will be sent via check to the address listed above within 4 – 6 Weeks.

PLEASE HAVE THIS PERMIT WITH YOU AT ALL TIMES DURING UTILIZATION OF EQUIPMENT