

UMPQUA VALLEY TENNIS CENTER
1200 NW Stewart Parkway
Roseburg, OR 97471
541.673.3429
info@UmpquaValleyTennis.com



FACILITY RENTAL CONTRACT

Member Rental

Email Ronda (Ronda@UmpquaValleyTennis.com) for available dates before turning in your contract and payment.

Upstairs Lounge / Kitchen (No charge) Tennis Court Rental (Court fees apply)

Date of Rental _____ Time _____ am / pm - _____ am / pm

Company / School / Event _____

Name _____

Address _____

Phone _____ Email _____

FEES:

UPSTAIRS LOUNGE 1 - 50 participants (# of hours) = \$ No Charge
 51 - 100 participants (# of hours) = \$ No Charge
 101 - 150 participants (# of hours) = \$ No Charge
 151 - 200 participants (# of hours) = \$ No Charge

COURTS # of Courts x \$30.00 = x # of Court Times = \$ _____
(30.00 per court, per court hour)

ON COURT STAFF for your event? # of staff x \$15.00 = x # of Hours = \$ _____

Payment Options: Payment in Advance Bill my UVTC Account **TOTAL DUE \$** _____

Conditions of Facility Use:

- At least one guardian/parent must be in attendance for every 10 minors (under 18 years).
- You may only use the areas checked above during your party.
- You are responsible for leaving the lounge, kitchen, tennis courts, grounds and changing rooms in the same condition as you found them, including taking out all trash associated with your event. If not left in the same condition, you agree to any and all cleaning fees UVTC incures on your behalf.
- You are liable for any and all damages incurred during your rental period.
- Music and noise must be kept to a LOW LEVEL to respect the neighbors.
- In compliance with the bylaws, no alcoholic beverages or smoking is permitted.
- For business and corporate events only: A certificate of insurance naming UVTC as additional insured in the amount of \$1,000,000 is required.

I agree to the above conditions and charges. I also agree to hold harmless Umpqua Valley Tennis Center for any injuries or illnesses that may occur to any person(s) associated with this rental using this facility.

Signature Printed Name Date

FOR OFFICE USE ONLY

PAID IN FULL \$ _____ DATE _____ CHECK # _____ CREDIT CARD CASH
 BILL ACCOUNT \$ _____ DATE _____