



OSSIANDAYS, INC

Tent Rental Agreement Form

Name of Organization: _____

_____ Profit _____ Not for Profit

Address: _____

1st Contact person: Name: _____ Phone: _____

2nd Contact person: Name: _____ Phone: _____

EVENT: _____

Event Date: _____ Event Times: _____

(Make sure you have allowed enough time for set up and clean up)

Clean up includes wiping off and taking down tables & chairs, as well as stacking them on the southeast corner of the tent, unless other approved arrangements have been made.

We will try to meet your request but the tent is scheduled on a first come basis and subject to committee approval. In the case you preferred date or time is already filled please provide an alternate

Date or Time: _____

Chairs Needed: ___ yes ___ no Tables Needed: ___ yes ___ no

Before your event you may need to set up the tables and chairs

There is no sound system provided with this agreement. You are responsible for your own system needs.

There will be a \$___ cost for using the tent. Make checks payable to Ossian Days Inc.

****Proof of Liability Insurance (\$1,000,000) MUST be included****

Deadline to apply: 1st Friday in July

Email questions to: info@ossiandays.com

Failure to comply with this agreement will result in your ineligibility to participate in future OD events.

Office Use Only:

Received: _____

Approved: _____