



**Clark County Saddle Club  
Vancouver, WA**

**APPLICATION FOR FULL FACILITY RENTAL**

Name of Event: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Move in Date(s): \_\_\_\_\_

Move out Date(s): \_\_\_\_\_

Public \_\_\_\_\_ Private \_\_\_\_\_

Estimated attendance Daily: \_\_\_\_\_ Total: \_\_\_\_\_

Type of Event: (please be detailed)

\_\_\_\_\_  
\_\_\_\_\_

Space to be used:

\_\_\_\_\_ Indoor Arena \_\_\_\_\_ Outdoor Arena  
\_\_\_\_\_ Clubhouse \_\_\_\_\_ Entire Grounds

**APPLICANT INFO:**

Name of Leasing Organization: \_\_\_\_\_

Representative) \_\_\_\_\_ Title: \_\_\_\_\_  
(W/signatory authorization)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Principal Owners/Managers in Organization \_\_\_\_\_

List any other individuals, companies or organizations involved in the presentation of this event:

\_\_\_\_\_  
\_\_\_\_\_

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BANK AND CREDIT REFERENCES:

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct # \_\_\_\_\_

PREVIOUS PROMOTIONS / EVENTS / EXPERIENCE:

Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Facility: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Facility: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Attachments to this Application Required:

1. Budget for entire event
2. Information on insurance provider
3. Other permits planning on obtaining.
4. Security provisions
5. List of Vendors or others who will be sub-letting for event and their contact information.

Additional Information: (Please use additional sheet as necessary)

CCSC-BOD, at its sole discretion, shall maintain the right of approval or disapproval of this application for rental of the Clark County Saddle Club.

The applicant hereby agrees that information provide herein is true and factual; that the applicant is not acting on behalf or any undisclosed parties or principals; and has provided a full, complete and accurate disclosure of the information contained herein. The applicant also understands that providing false information could result in immediate cancellation of the event and/or the implementation of cancellation provisions of the Rental Agreement.

The application authorizes CCSC-BOD to make a full and complete review of all documents and information listed above and authorizes disclosure of all materials and records to this process.

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Applicant \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return complete application and attachments to:

CCSC Rental Coordinator – or specified contact of CCSC Board of Directors

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Comments:

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