

# DRIPPING SPRINGS **RANCH PARK**

Dripping Springs Ranch Park Facilities Rental Agreement  
1042 DS Ranch Road  
Dripping Springs, Texas 78620

**Applicant Information**

Organization Name: \_\_\_\_\_  
 Name of Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Event Information**

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Times of Use (Please be specific: list all times space is needed including for deliveries and set-up): \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Event: \_\_\_\_\_  
 Expected Attendance for Event: \_\_\_\_\_

**Check Amenities Requested** \_\_\_\_\_ Ranch House \_\_\_\_\_ Fields 1 2 3 4 (circle) \_\_\_\_\_ Stalls  
 \_\_\_\_\_ Outdoor Arena \_\_\_\_\_ Round Pen \_\_\_\_\_ Primitive Camping \_\_\_\_\_ Outdoor Arena Drag  
 \_\_\_\_\_ Outdoor Arena Lights \_\_\_\_\_ RV Sites \_\_\_\_\_ Event Center (Entire Facility) \_\_\_\_\_ Indoor Arena  
 \_\_\_\_\_ Special Event Room\*\* \_\_\_\_\_ Vendor Hall/Front Porch\*\* \_\_\_\_\_ Concession Kitchen  
 \_\_\_\_\_ All Facilities at DSRP

Tables Quantity: \_\_\_\_\_ Chairs Quantity: \_\_\_\_\_  
 Custodial Fees: \_\_\_\_\_ \* Staff on-site during event: Y N # of staff needed \_\_\_\_\_

**\*Custodial Fees may be waived if Lessee will do their own cleaning. Security deposit could be forfeited if rented space is not back to original condition at end of event.**

**\*\*Parties booking individual areas of the Dripping Springs Ranch Park and Event Center (Vendor Hall/Front Porch, Special Event Room, etc.) are subject to being rescheduled or offered another space to hold their event**

if a party requests booking the entire facility 45 days or more from the individual area booking. In order to guarantee a reservation with no restrictions the entire Event Center must be reserved.

Will there be loudspeakers, live music, or any activity which involves amplification equipment/devices of any kind?  
\_\_\_Yes \_\_\_No If yes, please describe: \_\_\_\_\_

**Alcoholic Beverages**

Will there be alcohol for sale?\* \_\_\_ Yes \_\_\_ No

Copy of TABC license/permit provided? Yes \_\_\_ No \_\_\_ Approved by \_\_\_\_\_ City Staff

TABC\* License # \_\_\_\_\_ Date Submitted: \_\_\_\_\_

\*TABC License required. See Facilities Rental Policy.

Vender approved by City Staff for alcohol sales? \_\_\_ Yes \_\_\_ No Approved by City Staff \_\_\_\_\_

Alcoholic beverage vendors must have a Certificate of Liability Insurance policy for at least \$1,000,000.00 covering personal and property injuries arising from this event. Certificate of Liability Insurance (for alcoholic beverage coverage) provided? Yes \_\_\_ No \_\_\_ Approved by City Staff \_\_\_\_\_

**General Liability Insurance Information**

Certificate of General Liability\*\* Insurance provided?\* Yes \_\_\_ No \_\_\_ Approved by City Staff \_\_\_\_\_

\*\*Certificate of Insurance required. See attached Policy.

Would you like to request Concession Sales at your event? \_\_\_ Yes \_\_\_ No Please fill out request form

**POLICIES AND PARK RULES FOR USE OF THE EVENT CENTER AND OUTDOOR ARENA COMPLEX ARE ATTACHED. PLEASE READ THOROUGHLY BEFORE RESERVING THE FACILITIES. YOU WILL BE REQUIRED TO ADHERE TO ALL POLICIES AND PARK RULES.**

**Please read and sign below:**

I have read, and agree to the terms and conditions stated in the Policies and general Park Rules for the Dripping Springs Ranch Park Event Center and/or Outdoor Arena Complex, and Ranch House/Grounds and do hereby request the use of the facilities as outlined in this Agreement. As the authorized agent, I shall be the responsible contact for my group, organization, membership, and/or event. I hereby agree to indemnify and hold harmless the City of Dripping Springs, and its officers and employees from and against any and all liabilities for any injury to person or property which may be suffered by me or by my party arising out of or in any way connected with participation in the rental noted above. By signing below I declare I have read, understand, and agree to abide by the existing said Policies and Park Rules. I understand that I may request to have a copy of the Policies and Park Rules for my possession.

\_\_\_\_\_  
Lessee Signature Date Signed

\_\_\_\_\_  
City Representative Signature Date Signed

**Please make checks payable to: City of Dripping Springs; and return to 511 W. Mercer, Dripping Springs, Texas 78620 OR mail to City of Dripping Springs, PO Box 384, Dripping Springs, Texas 78620. Contact DSRP Coordinator for more information.**

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Dates for the Permit(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Deposits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Rental Fees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Payment Received: \_\_\_\_\_

Balanced Owed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Permit Approved: \_\_\_\_\_

Date Permit Approved: \_\_\_\_\_

Date Permit Approved: \_\_\_\_\_

Date Permit Approved: \_\_\_\_\_

For Event on: \_\_\_\_\_

For Event on: \_\_\_\_\_

For Event on: \_\_\_\_\_

For Event on: \_\_\_\_\_

For Event on: \_\_\_\_\_

For Event on: \_\_\_\_\_

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For Event on: \_\_\_\_\_

For Event on: \_\_\_\_\_

For Event on: \_\_\_\_\_

Payment type: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Card Holder: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Permit Receipt Number: \_\_\_\_\_

Deposit Returned: \_\_\_\_\_ By: \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Staff member signature: \_\_\_\_\_

