



## Pavilion Rental Application

There are four covered pavilions that seat a total of 200 people. These pavilions are in high demand; we cannot guarantee a reservation until we receive your full payment in our office. Pavilions are rented for the entire day from 10 AM to 8 PM. No partial day rentals are available.

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Dates: 1st Choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_ 3rd choice: \_\_\_\_\_

**No electricity available.**

**All GLASS CONTAINERS are strictly prohibited.**

**No signage outside of your rented pavilion is permitted.**

### **Pavilion Amenities**

- Men's and women's restroom facilities (handicap accessible)
- Picnic tables
- Grills

### **Adjacent Grounds**

- Beach
- Volleyball court
- Horseshoe pits
- Swings, picnic tables
- Boat and jet ski rentals
- West Point Lake

Our pavilions seat 200 people under four covered pavilions. (50 each)

### **Rates:**

\$200 per each 8 hour day. HOLIDAYS are \$300 per each 8 hour day

### **Security Deposit**

\$250 - Payment to be made at time of reservation.

No security deposit will be returned until it has been determined that the facility is clean and all equipment and trash have been removed.



## Pavilion Rental Contract

**\*\*IMPORTANT: Please read and sign below\*\***

- The full NON-REFUNDABLE rental fee is due based on your selection above.
- If the pavilion and date you request is not available, the rental fee will be returned in full.
- Should you decide to cancel your event at any time after you have paid, you will receive a refund of your DEPOSIT only, even if the contract is unsigned.

**To pay by credit card** – fill out attached form and fax it to Kris Svec @ (706) 883-6641

**To pay by check – Mail To:**

Highland Marina Resort  
1000 Seminole Road  
LaGrange, GA 30240  
Attn: Kris Svec

I hereby make this application for the use of the pavilion on the date and hours listed on my Rental Application. I also certify that the information on the application is true and that I have read and agree to abide by the rental policy pertaining to the use of Highland Marina Resort's pavilions. I also agree to the fee charged, and shall be responsible pertaining to the use of the facility in accordance with the rental policy.

I further agree to indemnify, defend and save harmless Highland Marina Resort, its officers, agents and employees from and against all loss or expense (including costs and attorney fees) by reason of liability imposed by law upon the City of LaGrange, its officers, agents and employees for damages because of bodily injury, including death at any time resulting there from sustained by any person or persons, or on account of damage to property including loss of use thereof, arising out of or in consequence of the performance of this contract, whether such injuries to persons or damage to property is due or claimed to be due to the negligence of the contractor, Highland Marina Resort, its officers, agents and employees.

Name: (print) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_



## Credit Card Payment Form

Please provide the following information to make a payment on a credit card:

Please type or print clearly:

Group Name: \_\_\_\_\_

Event Date: \_\_\_/\_\_\_/\_\_\_\_\_ Booking # (for office use only) \_\_\_\_\_

Contact Person: Mr./Mrs./Ms. \_\_\_\_\_

Amount to be charged to credit card: \$ \_\_\_\_\_

Name of Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_/\_\_\_\_

Name of Cardholder: (print) \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you

Highland Marina Resort  
1000 Seminole Road  
LaGrange GA. 30240