



# Stage Rental Application Form

Sacramento County Department of Regional Parks

**Stage Description:**

Lying flat, the stage is 24' deep x 30' wide. It has an 8' high hinged backdrop. There are 3 sections which are each 8'd x 30'w. The stage can be configured to the following dimensions: 8'd x 30'w, 16'd x 30'w, or 24'd x 30'w



<b>Organization:</b>	
<b>Name:</b>	
<b>Address, City, State, Zip code:</b>	
<b>Daytime Phone:</b>	<b>Fax:</b>
<b>Email Address:</b>	
<b>Organizations website address:</b>	
<b>Tax Exempt # (if non-profit group):</b>	
<b>Name of contact for day of event:</b>	
<b>Cell phone number of contact:</b>	

<b>Event Title</b>		
<b>Location Address:</b>		
<b>Event Drop Date &amp; Time</b>	Date:	Time:
<b>Pick-Up Date &amp; Time</b>	Date:	Time:

## TERMS AND CONDITIONS

**1. Fees:**

**Public Rate**—\$1,000

**Not-for-Profit Rate**—\$500

- \$2 per mile delivery fee outside a 60-mile radius of 4040 Bradshaw Rd, Sacramento 95827
- Once the stage has been delivered and set, it will **not** be moved until it is picked up on the agreed upon date and time.
- All organizations are subject to additional charge if the stage is missing pieces or is damaged in any way upon pick up by County.
- How to Pay:
  - By check: Made out to **Sacramento County Treasurer**, and sent to the following address.  
Attn: Leisure Services, 10361 Rockingham Drive, Suite 100, Sacramento 95827
  - By credit card: Visa/MasterCard are accepted. Call us at 916-875-6336

**Payment must be made in full before the stage can be delivered.**

**2. Insurance:**

- Before the stage can be used, the user must provide liability insurance in the amount of \$1,000,000 with County of Sacramento named as “other insured”.
- A Certificate of Insurance must be received at 10361 Rockingham Drive, Suite 100, Sacramento CA 95827 before the stage can be delivered.

**3. Natural & Cultural Resource Protection**

Stage will not negatively impact cultural and natural resources.

- No person shall willfully injure or destroy any cultural or natural resource.

**I, the undersigned representative, am duly authorized by the organization to submit this application on its behalf and understand that, with the exception of credit card information, the information contained in this application will be available as a public record. The information contained herein is complete and accurate.**

**Applicant Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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✂ ✂ **After processing application payment information is destroyed by the Department** ✂

Payment Information		
Amount Due: \$	Payment Method (check all that apply)	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check/Money Order # _____	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Card #:	Expiration Date:	
Verification code (Last 3 digits on signature strip):		
Authorized Signature:		Date: