

Bargersville Parks and Recreation Facility Rental Request Form

Name/Organization:					
Address:					
City:		State: _	Zip: _		
Phone:Ema	ail:				
Date of Event:		Estimat	ed Attendan	ce:	
Ongoing or reoccurring event? Yes If yes, please list all days/dates:					
C Kephart Park Newport Family Shelter	#1 🗆 F	ULL DAY 8a-8p	🗆 AM 8a-1p	🗆 PM 3p	-8pm
C Kephart Park Hometown Heroes Shelt	ter #2 🗌 I	FULL DAY 8a-8p	🗆 AM 8a-1p	🗆 РМ Зр	-8pm
Bargersville Community Center (Avail	able 9am	– 8pm)			
Rental Start Time:	(Inclue	de needed setup tin	ne)		
Rental End Time:	(Must	be cleaned up and	completely out	by this time)	
Type of Activity:		_ Open to	o the public?	Yes	No

2025 FACILITY RATES

FACILITY	DATE/TIME	RESIDENT	NON-RESIDENT
Community Center	Mon – Thurs	\$65	\$97
	Fri, Sat, Sun	\$100	\$150
Kephart Shelter	Half Day	\$44	\$66
Kephart Shelter	Full Day	\$56	\$84

*A 7% sales tax will be added to all rental fees.

Non-profit organizations with 501c3 documentation receive the Resident Rate

□ I agree to the Bargersville Parks and Recreation Facility Rental Polices.

□ I understand that any cancellation must be done 14 days prior to the rental date and any refund will be assessed a 10% cancellation fee.

□ I agree to the Bargersville Parks and Recreation Terms of Use.

Signature: _____ Date: _____