

GRANTS PASS TOWNE CENTER TROLLEY ASSOCIATION
220 SE "H" STREET * SUITE 5 * GRANTS PASS, OR 97526
TEL 541.476.5773 * FAX 541.476.5702

Trolley Rental Agreement

Contact Name: _____ Phone: _____

Representing (name of organization): _____

Address: _____ Business Phone: _____

Date(s) requested: _____ Total # of trips/day: _____

Time requested: From: _____ To: _____ x \$120/hr. = Total \$ _____

"Down Time" when Trolley is between uses: From _____ To _____ x \$25/hr = _____

Purpose of function: _____

Location of proposed use: _____

Estimated total passengers: _____ Per day: _____ Total: _____

Enclosed is my **50% non-refundable deposit** for the rental of the Towne Center Trolley payable to Towne Center Association. I understand that if the Trolley is not used for the entire rental period I will still be required to pay the fee represented above. I also understand that if the Trolley is used more than the time stated above, I will be responsible for additional time at the rate of \$120/hour. I/we will not change any signs on the interior or exterior of the Trolley at any time during the rental period. I/We will be responsible for any damaged caused to the Trolley by riders during the rental period. Towne Center Association is not responsible for any lost items.

By signing this form I agree to pay all rental fees within 10 days of Trolley use and agree to all conditions stated above or in writing from Towne Center Association regarding this rental period.

Authorized Representative

Signature: _____ Date: _____

Printed Name: _____ Phone: _____