

Sacramento Adventure Playground



Rental Agreement

Name: _____ Organization: _____

Address _____ City _____ Zip _____ Phone _____

Email: _____

Date & Day Requested: _____

Time: _____

Birthday Event? Yes No

Name: _____ Age to Be: _____ Boy Girl

Other Type of Rental: _____

Notes: _____

Rental Charges

\$ _____

Payment:

\$ _____ [] Cash [] Check [] Credit Card; Call (916)222-3831

Mail In: Attn: SAP, C/O Fairytale Town, 3901 Land Park Dr., Sacramento, CA. 95822. Checks payable to: Fairytale Town.

This is your receipt.

I have read and agree to the rental terms, including need of waiver forms for all youth.

Print Name: _____

Signature: _____ Date: _____

Received By: _____ Approved By: _____ Date: _____