



**1. RENTER**

**Renter Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Renter Email:** \_\_\_\_\_

**Renter Address:** \_\_\_\_\_  
\_\_\_\_\_

**2. EVENT INFORMATION**

**Event Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**For Weddings, Ceremony Time:** \_\_\_\_\_

**Event Type:**  Wedding  Reception  Rehearsal  
 Special Event/Other: \_\_\_\_\_

**Celebrant/Person of Honor #1:** \_\_\_\_\_

**Celebrant/Person of Honor #2:** \_\_\_\_\_

**Park Facilities Utilized for Event (Check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Black Pond Area         | <input type="checkbox"/> Recreation Area       |
| <input type="checkbox"/> Children's Cottage      | <input type="checkbox"/> Reflection Pond       |
| <input type="checkbox"/> Gardner's Cottage       | <input type="checkbox"/> Visitor's Center Lawn |
| <input type="checkbox"/> Lakeside Pavilion       | <input type="checkbox"/> Walled Garden         |
| <input type="checkbox"/> Maclay House Front Lawn |  |

**Number of Guests:** \_\_\_\_\_

**After Hours:**

Yes  No

**Number of Staff Required:** \_\_\_\_\_

**Number of Hours for Staff:** \_\_\_\_\_



**Items Brought Into Park:**

| Item        | DEP Vendor               | Other Vendor             | No Vendor                |
|-------------|--------------------------|--------------------------|--------------------------|
| Tables      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chairs      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decorations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flowers     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Music       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dance Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lighting    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. PRICING**

|  | Rate                             | Extended Price |
|--|----------------------------------|----------------|
| <input type="checkbox"/> Package* _____                |                                  |                |
| <input type="checkbox"/> Pavilion                      | \$150                            |                |
| <input type="checkbox"/> Guests                        | \$2 per Guest                    |                |
| <input type="checkbox"/> After Hours Staff             | \$35 per staff per hr. 2-hr min. |                |
| <input type="checkbox"/> A la Carte Facilities (above) |                                  |                |
| <b>Estimated Pre-Tax Total:</b>                        |                                  |                |
| <b>Guaranteed Minimum Due (with Tax):</b>              |                                  |                |

\* If Package 3 is selected, Rehearsal Start Time: \_\_\_\_\_ Rehearsal End Time: \_\_\_\_\_

**4. ATTACHMENTS**

The Renter agrees to the terms and conditions of the attachments, which are hereby incorporated by reference: (initial)

\_\_\_\_\_ Attachment 1: Terms and Conditions for Maclay Gardens Events

\_\_\_\_\_ Exhibit 1: Map of Park



**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**Division of Recreation and Parks  
Alfred B. Maclay Gardens Event Agreement**

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IN WITNESS WHEREOF, this agreement shall be effective on the last date signed below and upon receipt of payment.

RENTER

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

\_\_\_\_\_  
Renter Signature

\_\_\_\_\_  
Park Manager or Designee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Print Name and Title of Person Signing

**OFFICIAL USE ONLY**

|                        |  |
|------------------------|--|
| Payment Received by:   |  |
| Payment Received Date: |  |