PAULDING COUNTY AIRPORT AUTHORITY
Paulding Northwest Atlanta Airport
George E. "Sonny" Perdue Terminal Facility
Rental Contract
730 Airport Parkway • Dallas, GA 30157
Tel: 770-505-7700

Application Date: Month_____ Day_____ Year_____

TYPE OF EVENT: _____ **EVENT STATUS:** ☐ Profit ☐ Non-Profit #_____

☐ **King Air (Lower Level)** ☐ **Comanche (Upper Level)** ☐ **Wedding Package**

Rental Date: _____ **Weekday:** _____ **Start Time:** _____ **End Time:** _____
(Including Setup)   *(Including Cleanup)*

Contact Information	
Person Responsible:	**Name of Organization:**
Address:	**City/Zip Code:**
Office Phone:	**Cell Phone:**
Email:	**Driver's License:**
Number Attending:	*Time Attendees expected to arrive:*

Tables: (15) 6ft. rectangular tables, (15) 60in. round tables and 120 cushion stack chairs are available upon request (Some additional equipment may be available, ask representative). Additional tables and chairs will need to be obtained by the lessee. **Set up and tear-down is the responsibility of the lessee.** *(Includes No-Charge/Discounted events).*

***If you are not out by your scheduled time you will be charged the additional hour.

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The undersigned individual/group agrees to abide by all policies of **THE PAULDING COUNTY AIRPORT AUTHORITY** *as stated in the* **"Rental Guidelines"** *provided to them and understands that violation of any policy would be cause for the individual or group to be barred from using the facility.*

_____   _____
==Lessee Signature==   ==Airport Representative Signature==

ALCOHOL:_____ OR NO ALCOHOL: _____ NO CONFETTI: _____ NO GLITTER: _____
        ==Initials==   ==Initials==   ==Initials==

FOR OFFICE USE ONLY: (==*See attached Price List*==**) TOTAL FEE $_____**

DEPOSIT: $_____ Paid: Cash / Check # _____   ☐ **By: _____**

==**BALANCE: $_____ DUE BY: _____** *(15 Days prior to event)*==
This balance must be received in our office by date specified or event can be canceled, and deposit will be forfeited.
                    Paid: Cash / Check # _____   ☐ **By: _____**

CANCELLATION DATE: _____ **Amount Returned:** _____
DEPOSIT REFUNDED: _____ **Refund Date:** _____
(Must be done two weeks prior to scheduled event)

Paulding Sheriff

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