



BUILDING RENTAL FORM 2027



Any organization, company or golf group wishing to use the Meadowlark Hills Golf Course facility must return this completed form to the following address:

Meadowlark Hills Golf Course
3300 30th Avenue
Kearney, NE 68845
Attn: David James, Head Golf Professional
Phone: 308-233-3265 E-mail address: djames@kearneygov.org

When requesting the golf course facility, it is preferred that this form be returned 30 days prior to the date of the function. Upon final approval, a letter of confirmation or phone call will be returned to your organization.

RENTALS ARE ONLY OFFERED IN THE OFF-SEASON OCTOBER 1 - APRIL 1.
NOTE: ALL PREBOOKED EVENTS WILL BE HONORED.

FEES: \$325.00 (Up to 75 people max) **DEPOSIT:** \$200.00

Should the renter choose to cancel less than 30 days prior to the contracted date, all or portion of this deposit will be forfeited on a prorated basis to Meadowlark Hills Golf Course. In the event if damage or unusual cleaning that has resulted from the renter's negligence, all or part of this deposit may be retained by Meadowlark Hills. Any balance of this deposit will be refunded to the renter or credited to the account balance due.

SPECIAL CONSIDERATIONS:

1. Meadowlark Hills Golf Course shall provide all carbonated and alcoholic beverages.
2. Renter shall be required to retain a staff person for all events.

NO ALCOHOL MAY BE BROUGHT ONTO THE PREMISES:

Meadowlark Hills holds a Class C Liquor License and is bound by the applicable laws of the State of Nebraska and the City of Kearney. Any alcohol for consumption is directly under the control of Meadowlark Hills and will be sold through the clubhouse bar. If there are special beverage request, the Bar Manager will work with the renter and Meadowlark Hills will provide bartenders.

Date Requested: _____ **Day of Week:** _____ **Start Time** _____ **End Time** _____

Organization or Company Name: _____ Activity Description: _____

Adult Representative: _____

Date Requested: _____ Time of Event: _____ AM / PM Estimated attendance (Max 75): _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Special Instructions/Requests: _____

David James, PGA – Golf Course Manager Date

Group Representative Date