



Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of Event: _____

Time: _____ to _____

Type of Event: _____

Capacity/Attendees: _____

Total amount enclosed \$ _____

RENTAL FEE & DEPOSIT DUE ON RESERVATION DATE

(FOR OFFICE USE ONLY)

Damage Deposit fee\$ _____ Rental fee \$ _____ Total \$ _____

Amount received: \$ _____ Date : _____ Check # _____ Cash \$ _____

Date Deposit Returned _____ Total/Deposit Returned:\$ _____

Your date is NOT secure until your deposits and rental fees are received at the Central Gardens office.

We value your patronage and visit to Central Gardens of North Iowa. Please read the entire rental contract and accompanying policies prior to renting our facility. Please phone Jody Hamilton, Executive Director at 641-357-0700 (office) or 402-213-4225 (cell) to answer any questions you may have.

I have read this Rental Contract, and its attachments, and agree to the terms as specified.

Signature: _____ Date: _____

Print Name: _____ Address: _____

**Make Checks payable to: CENTRAL GARDENS OF NORTH IOWA, INC.
Return this form and payment to: Central Gardens of North Iowa, Inc.
PO Box 735, Clear Lake, IA 50428**