



Client Names: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Email address: _____

Date of Event: _____ **Time:** _____ **to** _____

Type of Event: _____ **Capacity/Attendees:** _____

Garden Location Rental: _____

Rehearsal Time Request: _____ **Reception Place:** _____

Bad weather plan: _____ **Ceremony Time:** _____

RENTAL FEE & DEPOSIT DUE ON RESERVATION DATE

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

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

Payment plan started: **Date:** _____ **Amount** \$ _____ **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:** _____

Client/Group Representative

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