

Central Gardens Rental Agreement Contract

Client Name(s): _____

Address: _____

City: _____ State: _____ Area Code _____

Phone Number: _____ Email Address: _____

Date of Event: _____ Time: _____ to _____

Type of Event: _____

Garden Location Rental: _____

Is Wedding Rehearsal Space Needed? _____ Time: _____

Reception Location: _____ Bad Weather Plan/Location: _____

Please read the entire rental contract and accompanying policies on our website prior to renting our facility. Questions can be left at info@centralgardensnorthiowa.com or by calling 641-357-0700.

Note: Your date is OT secure until your deposits and rental fees are received at the Central Gardens office.

I have read this Rental Contract and the rental requirements and agree to the terms as specified.

Signature: _____ Date: _____

Print Name: _____

Print Address: City: _____ State: _____ Area Code: _____

For Office Use Only

Rental Fee and Deposit Due on Reservation Date

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

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

Payment Plan Sarded: Date: _____ Amount: \$ _____ Check# _____ Cash: \$ _____

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