



## Rental Registration Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address \_\_\_\_\_

Date of Event: \_\_\_\_\_ Rental Time: \_\_\_\_\_ to \_\_\_\_\_

Type of Event: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Garden Location Rental: \_\_\_\_\_

Rehearsal Date/Time Request: \_\_\_\_\_ Reception Venue: \_\_\_\_\_

Bad weather plan: \_\_\_\_\_ Ceremony Time \_\_\_\_\_

### RENTAL FEE & DEPOSIT DUE

Damage Deposit fee \$ \_\_\_\_\_ Rental fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

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

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

**Your date is NOT secure until the deposit and rental fees are paid in full.**

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 at 641-357-0700 to answer any questions you may have.

**I have read this Rental Registration and agree to the terms as specified.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Renter

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**