



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 to Central Gardens of North Iowa. Please read the entire Rental Contract and accompanying policies prior to renting our spaces. Please phone 641-357-0700 for any questions you may have.

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

Signature: _____ Date: _____

Lessee

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