

CITY OF LOW MOOR COMMUNITY CENTER

NAME

PHONE NUMBER

ADDRESS

CITY, STATE & ZIP

TYPE OF EVENT

DATE OF EVENT

START & END TIME

WILL ALCOHOL BE SERVED? _____

Do you wish that your deposit check be returned to you? Or shredded? _____

I, THE UNDERSIGNED, HAVE READ THE POLICIES AND GUIDELINES AND AGREE TO COMPLY WITH THOSE POLICIES.

In consideration for being allowed to rent the Low Moor Community Center, I release from liability and waive my right to sue the City of Low Moor, their employees, officers, volunteers and agents (collectively City) from any and all claims, including claims of the City's negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from renting the Community Center.

SIGNATURE

DATE

SIGNATURE OF MANAGER

***** Please make arrangements with manager to pick up key at the community center prior to your event.**

563-210-6739 – If you need to contact Lynn, the Community Center Manager the day of the event.

If applying by mail- mail rental agreement and deposit to: City of Low Moor, PO Box 130, Low Moor, IA 52757

FOR OFFICE USE ONLY

AMOUNT OF DEPOSIT _____

DATE OF DEPOSIT _____

BALANCE PAID _____

DATE PAID _____