Meeting Room Rental KCCB/Water's Edge Nature Center 1010 250th Street, Algona, IA 50511 Phone: 515.295.2138

Email: kccb@kossuthccb.com/Web: watersedgenc.com

Name:		
Address:		City/State/Zip:
(H)Phone:		(C)Phone:
RENTAL DATE	E:	
Time of Rental:		
Make <u>SEPARATE</u> che	cks: 1 for Rental Fee	, 1 for Damage Deposit, and 1 for
Alcohol Deposit. (make	e checks payable to K	CCB)
Rental Fee:		
Damage Deposit:		
Alcohol Deposit:		
TOTAL:		Date Funds Received:
Approved By:		Date:
The facility must be returned to the co	ondition it was accepted in. The re luring their rental. A staff member v	led in your rental time. enter is responsible for the cost of removal of scratches in will be available for a walk through of the building prior to the
, ,	charged to the renter as damage to	ced on the walls or woodwork of the Water's Edge Nature o the facility. The KCCB staff must approve any supplies or
Renters will remove their own garbag	ge from the meeting room and hau	I to a dumpster provided on site.
inspect the facility for damage or clea	an up needs. The renter is welcom an up needs. The renter is welcom an up needs. The renter is well be charged	or clean up. The staff time provided after a rental will be to e, but not required to attend this inspection, usually to occur the d against, but not limited by, the damage deposit at a rate of \$30 whole hour increments.
I	Renter Signature	Date