

This agreement is made and entered into on _____, between the Cedar Falls Tourism & Visitors Bureau and:

Client Name/Organization: _____

Contact: _____

Address: _____

Phone _____ cell _____

E-mail _____

A. Rental Time: _____ Setup: _____ Event: _____ Cleanup: _____

B. Purpose of rental: _____

C. Will you be bringing in food? _____

D. Will you be bringing in alcohol? _____

E. Will you be bringing in equipment? _____

F. Number of people expected? _____

G. Meeting Room Half Day \$150 (4 hours): _____ Full Day \$300 (8 hours): _____

H. Other information _____

I. Sign Information-Circle One: **Welcome / Congrats / Best Wishes / Other** _____

Name(s)/Organization to be on sign _____

The following Terms and Conditions of renting the Cedar Falls Tourism & Visitor Bureau’s Meeting Room and Patio have been explained to me or I have read the information in the Facility Use Policy.

- | | |
|--|---|
| _____ (Initial) 1. General Policy | _____ (Initial) 9. Additional Fees |
| _____ (Initial) 2. Procedure | _____ (Initial) 10. Room Set-Up and Clean-Up |
| _____ (Initial) 3. Alcoholic Beverages | _____ (Initial) 11. Loss or Damage to Facility/Equipment |
| _____ (Initial) 4. Iowa Smokefree Air Act | _____ (Initial) 12. Public Use |
| _____ (Initial) 5. Cancellation | _____ (Initial) 13. Return Checks |
| _____ (Initial) 6. Rental Fee Rates | _____ (Initial) 14. Indemnification |
| _____ (Initial) 7. Meeting Rental Space | _____ (Initial) 15. Final Recourse |
| _____ (Initial) 8. Decorating | |

I am authorized to enter into agreements on behalf of myself, my business or organization. I have read the Meeting Room Use Policy and the terms and conditions have been initialed above for the Cedar Falls Visitor Center and agree to abide by its provisions.

Signature of Lessee

Date

CFTVB Staff

Date

Office Use:

Date Paid Rental Fee _____ Check / Cash / Credit Card Invoiced in Max Galaxy: _____