



NAME **PHONE NUMBER**

ADDRESS **CITY, STATE & ZIP**

TYPE OF EVENT

DATE OF EVENT **START & END TIME**

WILL ALCOHOL BE SERVED? _____

WILL KITCHEN BE NECESSARY? _____

I, the undersigned, have read the policies and guidelines and agree to comply with those policies. I also agree to enforce at my event all guidelines pertaining to the prevention of the spread of Covid-19 and other communicable diseases made by the State of Iowa, City of Camanche, and by proclamation of the Governor of Iowa and Mayor of Camanche, and to follow the recommendations of the Center for Disease Control.

SIGNATURE **DATE**

SIGNATURE OF CITY

FOR OFFICE USE ONLY

AMOUNT OF DEPOSIT _____ **DATE OF DEPOSIT** _____

BALANCE PAID _____ **DATE PAID** _____

PLEASE PICK UP THE KEY THE DAY BEFORE YOUR EVENT BY 4:00 P.M. PLEASE WRITE 2 SEPARATE CHECKS PAYABLE TO: CITY OF CAMANCHE. DEPOSIT CHECK WILL BE SHREDDED UPON INSPECTION OF COMMUNITY CENTER