



NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE & ZIP \_\_\_\_\_

TYPE OF EVENT \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ START & END TIME \_\_\_\_\_

WILL ALCOHOL BE SERVED? \_\_\_\_\_

WILL KITCHEN BE NECESSARY? \_\_\_\_\_

WILL THE PROJECTOR BE USED? Yes or No

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\*\*\*