Table Rental Confirmation Form (2016)

Name or Contac	et(s):					Island
Address:					p	City of Waconia arks and Recreation Department
City:			State:	Zip:		1600 Community Drive Waconia, MN 55387
Phone:						Phone: 952-442-0691 Fax: 952-442-0692
Email:						www.waconia.org
Tables: W/A	- h 21h :t - t h					
	e have 21 white table	7				
# of Tables Rente		Table #'s:				
	picking up table:		1			
Date of Pick Up:			Date of Drop Off:			
Time of Pick Up:	:		Time of Drop Off:			
Deposit:	If equipment is not returned with		itilli 24 libuis,	eposit Payment	Ë ☐ Cash ☐ Check ← Check	, #.
Payment:	Cash					
	Check Check	: #:]	Date Pa	
	Credit Card Ty			Date Returned:		ed:
	Date Paid:			Notes:		
Г	Datera					
	Total # of Tables:					
	Amount Due:					
Signature or Rente	r(s):				Date:	
Signature of Emplo	oyee:				Date:	

Employees are required to check all tables at time of drop off for any damage.