

KCTC Community Room Rental Agreement

KCTC Community Meeting Room | 514 B Ave | Kalona, IA

Rental Rate: First 4 hours for \$60, \$10 for each additional hour Chamber Member and Non-Profit Organization Discount = \$15

- 1. Smoking and alcoholic beverages are prohibited.
- 2. Driveway east of building may not be blocked.
- 3. Space must be left in clean and orderly condition, floor vacuumed, tables wiped down, all equipment and furnishings returned to original placement.
- 4. Kitchen appliances and utensils must be used/cleaned/stored per posted instructions. Counters, sinks, appliances and floor must be left clean. Leave used dish towels/cloths on counter.
- 5. Garbage pickup is not provided. Renter is responsible for removing and properly disposing of all garbage/leftovers and replacing can liners with those provided.
- 6. Lock all doors and return hex keys to shelf. Make sure all lights and kitchen appliances are turned off. Drop the entrance key (picked up earlier at KCTC) in the KCTC night deposit at 510 B Ave.
- 7. Renter assumes all liability for any injury, loss or other damage related in any way to their occupation of premises. Renter understands they will be responsible for any damage to the facility or its furnishings.
- 8. Wi-Fi service is available (password: bulltown656). Renter agrees to use access only in compliance with KCTC internet terms of service posted on KCTC website and will be responsible for any problems resulting from inappropriate use of connection.
- 9. Failure to comply with above in full may result in assessment of cleaning fee up to \$50.
- 10. Reservations not accepted without immediate full payment of rental fee. Cancellations more than 30 days prior to reservation will receive full refund. Cancellations less than 30 days prior are not eligible for refund.
- 11. Key must be picked up at KCTC, prior to use. Office hours are Monday-Friday, 8 a.m. 5:30 p.m.

In case of problems call 319-656-3668 or 319-936-7506.

(Rental Date)	<u>AM / PM</u> (Rental Start Time)	<u>AM / PM</u> (Rental End Time)	
(Renter Name)		(Renter Phone)	(Renter Cell Phone)
(Renter Address)		(Renter email)	
(Renter Signature)		(Date)	
(KCTC Signature)	<u>\$</u> (Amoun	t Due) (Date Paid)	Cash / Check / Credit Card (Payment Method)