



**Golf Course Clubhouse**  
**2<sup>nd</sup> Floor Rental Agreement**  
205 Country Club Drive  
Garner, IA 50438  
641-923-3220

**Person Renting the Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone # :** \_\_\_\_\_ **E-mail Address :** \_\_\_\_\_

**Rental Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Security Deposit:** \_\_\_\_\_ **Date Rental Deposit Paid:** \_\_\_\_\_

**Type of event:** \_\_\_\_\_ **Anticipated # of Guests:** \_\_\_\_\_

- \$200 Security Deposit.
- Deposit must be paid to reserve date. (First come first serve basis)
- Deposits may be returned to the renter on the Tuesday after the rental date, provided facility is clean and no damage has been done to the facility or the Golf Course.

**If deposit is made by check, how would you like the deposit returned?** (Check one option)

\_\_\_\_\_ Renter will pick up check      or      \_\_\_\_\_ Please Shred Check

**Rental Rate:** \$400 per day payable with the signing of this rental agreement.

**Payment and Refund Policy.**

- Payment and deposit must be received when this rental agreement is signed.
- Must give 8 week notice of cancellation for rental deposit and rental fee to be returned.

**Acknowledgment:** I have read the attached Rental Rules and know that I am responsible for cleaning and returning the facility to the condition which it was received. I know that my guests and I are prohibited from being on the golf course and its golf carts. I know that I am responsible for any damage that occurs to the facility or the Garner Golf Course during my rental of the facility. I know that my rental deposit will be forfeited if damage occurs and if the cost of the damages exceed the deposit amount, the cost will be billed to me and I will be responsible for paying it.

**Indemnification:** I hereby indemnify the City of Garner, its employees, and agents from the claims of all third parties for injury or damage to persons or property of such third parties arising from my use or occupancy of the rented premises and facilities

**Renter Name (Print):** \_\_\_\_\_

**Signature of Renter:** \_\_\_\_\_

Date

\_\_\_\_\_ Security Deposit

\_\_\_\_\_ Rental Fee

\_\_\_\_\_ Liability Insurance