

Community Center Audio Visual Rental Agreement

Name of Organization: \_\_\_\_\_

Name of person responsible for renting audio visual equipment:

\_\_\_\_\_

Address of renter: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Audio Visual Rentals will be charged a non refundable reservation fee of \$25.00 for any equipment used.

Reservation Date: \_\_\_\_\_ Time: \_\_\_\_\_

Equipment requested to rent:

- Microphone
- DVD
- VCR
- Power Point
- Sound System

I \_\_\_\_\_ understand that I am taking full responsibility for the rental of the Audio Visual Equipment from the City of Hiawatha. I will return the above equipment in its original condition. I understand that if the equipment is damaged that I will be charged for the cost of replacing the equipment

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Renter Signature

Date

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Renter Printed Name

Date