

FIELD RENTAL CONTRACT

| Name of Person Renting the Field: | |
|---|--|
| Team or Organization: Mailing Address: | |
| City: State: | Zip Code: |
| Day Phone:E | ve Phone: |
| Date of Rental:Times: | |
| RATE 1 - For the general public: | |
| ☐ Indoor Soccer (120' x 10 | 0') \$ 75 per hour |
| TOTAL AMOUNT DUE: \$ | _ |
| Date Deposit Received: | Amount: \$ |
| Cash Check #: VIS | VMC Staff Initial |
| Date Balance Paid: Amount: \$ | |
| Cash Check#: VIS | A/MC Staff Initial |
| please call Chad Seaman- 712.260.7281. The cancellation notice. After that, the deposit is a upon arrival at the indoor soccer complex, precomplete a Field Reservation Form. If you book the field for 12 hours or more, you pay the entire amount in advance to receive available, please call for information (712.26). | on-refundable and non-transferable. Balance is due or to use of the field. To make a reservation, please can get 20% off the total price. However, you must his discount. <i>Non-peak season discounts are also</i> .7281). ability/Assumption of Risk form. If the participant is ust sign. eld rental price. |
| will not be held liable for any property left on the property. In consideration for this privilege, partici Northwest Iowa Soccer Club, and its owners, offic others having an interest in Northwest Iowa Socce claims, demands and damages of every kind whic Soccer Club. | |
| I have read the above Field Rental Policies and a | ree to abide by them: |

Date:__

X_______Signature of Person renting the field.