

Rental Confirmation #:\_\_\_

		Time Requested:	
Date Requested:			
Number of People:			
Activities Planned:			
Renters Information			
Name:			
Address:			
City: Zip	:		
Phone(home):	Work:	Cell:	
Email:			
Alternate Contact Person	n:		
Phone (home):	Work:	Cell:	
Email:			
I/We have received a copy	of the following: (please	e initial)	
<ul><li>Rental Guidelines</li><li>Rental Fee and Rental Fee</li></ul>	: efund Policy:	_	
The individual signing this for organizations/group co for use of the facility.			
The individual signing the expenses, and losses, included participates in, or provides tangible property. Any successions	luding theft and property goods and services con	loss caused by any personected with the use of the	on who attends, e facility and all
Renter's Signature	 Date Emp	oloyee Signature	Date

## Please mail completed form and payment to:

Wade Wilhelm, Lostcreek Memory Barn 3360 N. ST. RT. 589, Casstown, OH 45312

Please make checks payable to Wilhelm Family Farms Cash accepted in person M-F 9AM-4PM at above address