



COWDEN-HERRICK C.U.S.D. #3A P.O. Box 188 Cowden, IL 62422

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Rental Agreement Cowden-Herrick Schools

Name of Person or Group	Date 1	Date needed	
Purpose of Rental			
I verify that I am at least 21 years of age and liv I accept full responsibility for care of school pro			
I further understand there is to be no alcohol, i	llegal drugs or use of tobacco pr	roducts on the school premises.	
Fees are based on rental of up to 4 hours or all Payment and deposits must be made in advance and equipment are left in the same condition as	ce of the rental. The \$50.00 depo	osit will be returned if the building	
The person or group further agrees to pay the r must be vacated by 10:00 P.M.	eplacement cost of anything tha	t is broken, lost, or stolen. The facilities	
Fees:	4 hour	All day	
Gym	\$40.00	\$80.00	
Cafeteria	\$40.00	\$80.00	
Deposit	\$50.00	\$50.00	
Total			
Signature of person responsible	Date		
Deposit returned-Date:	Signature:		