

ALIX AGRICULTURAL SOCIETY

RENTAL CONTRACT/AGREEMENT

User Name (please print):

Mailing Address:

Tel. No's:

Email Address:

Date(s)/Time & Area of
Facility to be used:

DATE(S)

AREA

START/END TIME

TYPE OF FUNCTION:

**I have read and fully understand the conditions of this agreement as a user of
the Alix Agricultural Society Grounds.**

User's (Renter) Signature

Date

Alix Ag Society Member
Signature

Date

PAYMENT	DATE	AMT. \$	METHOD OF PAYMENT	COMMENTS
BOOKING FEE				
RENTAL				
DAMAGE DEPOSIT				
DAMAGE DEPOSIT REF'D				

ADDITIONAL NOTES

EMAIL:

alixagsociety@outlook.com

TEL: 403-747-3434 (Please leave message)

WEBSITE:

weebly.com:alixagsociety