



CITY OF DILLON ■ WELLNESS CENTER

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RENTAL AGREEMENT

Space Rented _____

Purpose _____

Admission charged for event yes _____ no _____

Name _____

Phone _____

Address _____

Date of event _____

Time in _____

Time out _____

I _____ have read all rules concerning the above rental space.

Date _____

Signature _____

Deposit due _____ Deposit paid _____ Date _____

Rental due _____ Rental paid _____ Date _____