**Driftless Area Education & Visitor Center**

**Reservation Form**

Rental requirements are determined by the Allamakee County Conservation Board. Allamakee County Conservation Board reserves the right to deny rentals for any reason.

### REGULAR OPERATING HOURS

<table>
<thead>
<tr>
<th>Week Days</th>
<th>Rental Hours</th>
<th>Deposit</th>
<th>Rental Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday - Friday</td>
<td>8:00 - 4:30</td>
<td>$100.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Saturday</td>
<td>10:00 - 4:00</td>
<td>$100.00</td>
<td>$75.00</td>
</tr>
<tr>
<td>Sunday</td>
<td>11:00 - 4:00</td>
<td>$100.00</td>
<td>$75.00</td>
</tr>
</tbody>
</table>

### AFTER OPERATING HOURS

<table>
<thead>
<tr>
<th>Week Days</th>
<th>Rental Hours</th>
<th>Deposit</th>
<th>Rental Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday - Friday</td>
<td>4:30 - 9:00</td>
<td>$200.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Saturday</td>
<td>4:00 - 9:00</td>
<td>$200.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Sunday</td>
<td>4:00 - 9:00</td>
<td>$200.00</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

- Damage/clean up deposit is to be returned upon compliance with this agreement and when inspection of the facility by ACCB staff has been completed and approved as satisfactory.
- Tables, chairs, and equipment must be setup and taken down by renters
- The facility must be returned to the condition it was accepted in.

**Please make checks payable to Allamakee County Conservation Board ACCB**

**Make separate checks**: 1 for Rental Fee, 1 for Damage Deposit. **Both required to confirm booking confirmation.**

Rental Fee: ____________  Damage Deposit: ____________

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**EVENT DETAILS**

**Room Requested**
- [ ] Board Room
- [ ] Classroom / Event Area

**Reservation Date**: ____________________________

**Reservation Time**: Start: ____________________________ End: ____________________________

**Event Description**: ____________________________

**Estimated Number of Participants / Attendees**: ____________  Open to General Public: ____________

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**Contact Name**: ____________________________  **Phone #**: __________________

**E-Mail**: ____________________________

I/we, the undersigned, being of 18 years of age or older and desiring to entertain ourselves and agree to leave the site used in the same condition as found; agree to clean up what debris and litter may be deposited during our stay, within the time period agreed to; agree to be responsible for any damages done to property within the area by ourselves and/or our guests; **agree to non-alcoholic beverages only**; and finally, agree to abide by all rules and regulations and all laws of this state.

To confirm your reservation at the Center you must return the appropriate reservation form and fees within seven (7) days of making your reservation. Any reservations not confirmed by payment within 7 days will be removed from the reservation book.

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(Signature)  (Date)

**PLEASE RETURN COMPLETED FORM TO ACCB OFFICE**

1944 Columbus Rd Lansing, IA 52151 | 563-538-0401 | accb.offmanager@gmail.com