

**2008 Lind House Usage Agreement**  
**Lind House Association**  
**622 Center**  
**New Ulm, MN 56073**  
**(507) 354-8802**

Name of Contact Person: \_\_\_\_\_ Company Name(if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Lind House usage: \_\_\_\_\_ Specific Times of House use \_\_\_\_\_

Type of function: \_\_\_\_\_

Estimated number of persons attending: \_\_\_\_\_ Will you require the use of the handicapped elevator? \_\_\_\_\_

Will food be served ? Yes \_\_\_\_\_ No \_\_\_\_\_ Caterer \_\_\_\_\_ Will bring our own food \_\_\_\_\_

Informal Gathering \_\_\_\_\_ Sit down meal \_\_\_\_\_

Will you need our staff to set up large round tables and chairs for a sit-down meal? \_\_\_\_\_ (additional fee of \$20)

Will you need our staff to set tables with table linens, silverware, glassware, etc? \_\_\_\_\_ (additional fee of \$35)  
If yes, please circle the additional items you want on tables: wine glasses water glasses coffee cups seasonal centerpieces

Will you need our staff to take down and put away the large round tables & chairs? \_\_\_\_\_ (additional fee of \$20)

Will you need our staff to set up & take down small tables & chairs for an informal reception? \_\_\_\_\_ (additional fee of \$35)

Will you need additional services for a wedding? (ceremony set-up, 2-day wedding package, decorations - see fee schedule) \_\_\_\_\_

Will you need a staff person to work in the kitchen during your event? \_\_\_\_\_ (\$12.50 per hour)

Included is my check for the entire amount of house usage. *Please refer to Fee Schedule sheet.*

House Rental \_\_\_\_\_ plus set-up/take down fees \_\_\_\_\_ plus wedding services fees \_\_\_\_\_

plus staff person fees @ \$12.50 per hour \_\_\_\_\_ plus refundable \$100 damage deposit \_\_\_\_\_. **Total Enclosed** \_\_\_\_\_

The damage deposit will be returned within 30 days of usage.

If damage occurs, staff will contact responsible party and determine charges.

Cancellation Policy: Full refund of deposit if cancelled at least 30 days prior to the scheduled event.

**Signature of User:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A copy of this contract will be signed by staff and returned to responsible party.

**Signature of Executive Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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