

I ACCEPT THE TERMS AND CONDITIONS of THIS CONTRACT.

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CLUBHOUSE RENTER:

ADDRESS:

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TELEPHONE#

CELL#

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EVENT DATE:

Type of Event:

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Signature of Renter

Date

Check# Cash	date	refund/deposit	date deposit refund	of or	check# / amount	Approved initials

Please return your Contract to: 217 Sycamore Drive, Louisville, Ky 40223  
Enclose your check and drop in the Mail Slot on the Office Door.

City of Sycamore Office: 502-245-3766

You are responsible for the Clubhouse Key. Please return your key at the end of your rental  
by dropping into the Office Mailbox located in the door of 217 Sycamore Dr.