



202 Parkway Avenue South | P.O. Box 333
Lanesboro, MN 55949
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Table & Chair Rental Form

Name: _____
Organization (if applicable): _____
Address: _____
City, State, ZIP: _____
Phone Number: _____
Email Address: _____

Reservation Date: _____
Pickup Date & Time: _____
Return Due Date & Time: _____
Staff Initials (Checkout): _____
Staff Initials (Check-in): _____

Item	Quantity Out	Quantity Returned	Missing/Damaged	Rate	Total
8' Plastic Rectangular Tables				\$5.00	\$
5' Plastic Round Tables				\$5.00	\$
Plastic Chairs				\$0.50	\$

Package Rental (if applicable)

- ☐ Small Gathering (4 tables + 32 chairs) — **\$35.00**
☐ Medium Event (8 tables + 64 chairs) — **\$65.00**
☐ Large Event (12 tables + 96 chairs) — **\$95.00**

Package Total: \$ _____

Renter Acknowledgment

I acknowledge that I am responsible for all rented tables and chairs from the time they are checked out until they are returned to the City of Lanesboro. I agree to return all items by the due date in clean condition, subject to normal wear and tear.

I understand that **lost, stolen, damaged, or unreturned tables and chairs will be charged at their actual replacement cost**, and I agree to pay any applicable charges assessed by the City.

I further acknowledge that I have counted the items listed above at the time of checkout and agree that the quantities are accurate.

Renter Signature: _____

Printed Name: _____

Date: _____