



Portable Lactation Tent Rental Agreement

_____ (name of organization) in partnership with the Crow River Area Breastfeeding Coalition (CRABC), strives to provide a breastfeeding friendly environment.

- I agree to set up, maintain, and take down the tent provided by the CRABC. The purpose of the tent will be to provide a private place for mothers to breastfeed.
- I understand the CRABC will not take responsibility for any personal injury or property damage resulting from the use of the loaned equipment

Contact Name: _____ Date: _____

Organization: _____

Address: _____ City: _____

Phone Number: _____

Name of Event: _____

Date(s): _____ Location: _____

How many tents are you requesting? (Max. of 3): _____

Check out date: ___/___/___ Return date: ___/___/___

Signature: _____ Date: _____

Please return this completed form to:
Whitney Nelson, Sibley County PHHS
(507) 237-4018
Fax (507) 237-4031
WhitneyNelson@co.sibley.mn.us