



# Crow River Area Breastfeeding Coalition

## 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 or express milk
- I understand the CRABC will not take responsibility for any personal injury or property damage resulting from the use of the loaned equipment

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

