



Kodak Camera Day Rental Form

Contact info

(First Name)

(Last Name)

(Street Address)

(City)

(State)

(Zip)

(Phone)

(E-Mail)

By signing this form I, _____, am agreeing to pay the full amount of \$135 to Lake of the Woods Tourism Bureau in the event that the rented camera is damaged, destroyed, or simply not returned.

(Signature)

(Date)

Lake of the Woods Tourism
P.O. Box 518
930 West Main

Phone: 800-382-FISH(3474)
Fax: 218-634-2915