

September 4, 2007

Dear Brian,

Thank you for choosing the Eden Prairie City Center for your event. Please read and complete the following:

1) Building Use Permit

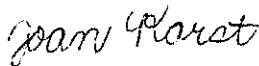
- Verify the date, time, and place of your reservation for accuracy.
- If changes need to be made, please call me immediately at 952-949-8432.
- Sign your name at the bottom of the form.
- Return completed Building Use Permit and payment to:

City of Eden Prairie
Attn: Joan Karst
8080 Mitchell Road
Eden Prairie, MN 55344

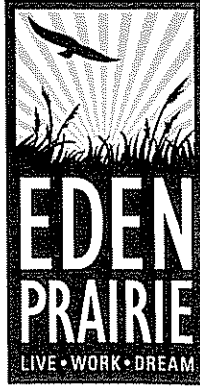
2) Food/Beverage Service

- For food or beverage service, please contact the Garden Room/Sky Food Catering Service at 952-949-8567.

Sincerely,



Joan Karst
Reservation Services
952-949-8432
Fax: 952-949-8334
Email: jkarst@edenprairie.org



OFC 952 949 8300
FAX 952 949 8390
TDD 952 949 8399

8080 Mitchell Rd
Eden Prairie, MN
55344-4485

edenprairie.org

City of Eden Prairie

8080 Mitchell Road - Attn: Joan Karst
Eden Prairie MN 55344-4485
952-949-8432

Permit: 2002482

Date: 9/04/07

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Event: Wynstone Assn

Expected Attendance: 0

To: Wynstone Association
Brian Nielsen

Contact Person

Brian Nielsen

Home Phone: (763) 479-1061

Work Phone: (763) 479-5242

Facility Charges	Hours/Qty	Rate	Cost
City Center - Heritage 2			
Tue Oct 9, 2007 7:00PM - 9:00PM	2.00	15.00	30.00
Total Permit Cost			30.00
Amount Paid			0.00
Balance Due			30.00

Comments:

Two tables in front of room with 8 chairs
Audience style seating for 40

The undersigned, his organization and its members, in consideration for the use of the above described room or facility, will be financially responsible for and will indemnify, protect, defend, and save harmless OWNER from all loss, damage, costs, expenses, liabilities and litigation including reasonable attorney's fees, resulting from or arising out of the use of such room or facility, normal wear and tear and depreciation of the facilities excepted.

Equipment not specifically listed on this permit will not be available to the USER during the rental period.

Name: _____

Title: _____

Signature: _____

Date: _____