

RESERVATION AGREEMENT
REALIFE Cooperative of Rochester

NAME _____ PHONE _____

STREET _____

CITY _____ STATE _____ ZIP _____

E-Mail _____

Alternate contact: _____

- I. Description-Participation is planned to include:
- A. Membership in the REALIFE Cooperative of Rochester
 - B. Rights to exclusive occupancy of a One- or Two- Bedroom Unit at Realife Cooperative
 - C. Building security system
 - E. Mini-van transportation
 - F. Full use of all common areas, including guest room rentals
 - G. Participation in Realife social activities and events
 - H. Heated underground parking if available, for additional fee.

II. Unit Preferences: please circle all of possible interest.

A C D E E' E* F F' G H

III. The Reservation Agreement:

I (We) hereby deposit \$200.00 on _____, to assure priority for unit selection and membership application in the REALIFE Cooperative of Rochester. I do understand this constitutes assurance of priority consideration only in accordance with the order of the waitlist, and is not an agreement on my part to complete all membership requirements. If I do not wish to retain this reservation priority, my deposit is fully refundable upon written request, and my priority is voided. I must notify Realife Cooperative of any changes to my contact information.

Check # _____ **Waitlist #** _____ **Referred by:** _____

Received by: _____ Signed: _____ Date: _____

Make checks payable to: REALIFE Cooperative
Mail to: 825 Essex Parkway NW
Rochester, MN 55901