

Reservation Agreement

Realife Cooperative of Mankato

Name_____

Address_____

City_____ State_____ Zip_____

Telephone_____ Cell_____

The following is optional and does not obligate or guarantee you a specific unit type. It provides Realife staff with a general idea what you are interested in.

Unit Type	Description	Share Price	Monthly Fee
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I (we) hereby deposit \$200.00 on_____,20____to assure priority for unit selection and membership application in the Realife Cooperative of Mankato.

If I do not wish to retain this reservation, my deposit is ***fully refundable*** upon written request and my priority void. Membership is contingent on an acceptable background check.

Signed_____Date_____

Please make check payable to; Realife Cooperative of Mankato

Return to; Realife Cooperative of Mankato

50 Teton Lane

Mankato, MN. 56001

(507)-388-6354

For office use

Check number_____

Date received_____