



womanspace

FACILITY RENTAL CONTRACT

CONTACT INFORMATION:

Renter's Name _____

Address _____

Phone [cell • landline] _____

E-mail _____

EVENT DETAILS (Event must conclude by 10:00 p.m.):

Date: _____ Time: _____ to _____ Estimated Attendance: _____

RENTAL INFORMATION:

Whole Campus Rental - \$200/hour \$200 x _____ Hours = _____

- Private use of whole campus for desired number of hours
- Chairs for 100 people
- 16 8-foot Tables included with rental time of 4 hours or more

Individual Space Rental - \$100/hour \$100 x _____ Hours = _____

- Use of designated space (if outdoors, includes use of studio bathroom)
- Chairs and Tables available for additional cost

Rental Items

- Chairs - _____ x \$1.00 = _____
- Tables - _____ x \$10.00 = _____

CLEANING FEES:

Renter agrees to return the rented area to its original order before leaving the premises. If the area is not left in good order, a cleaning fee of \$100 will be retained by Womanspace.

RENTAL COST:

Total Facility & Item Rental Cost \$_____

50% Deposit of Hourly Rental Cost \$_____ must be made to Womanspace to hold event date. Remaining Balance (including cleaning deposit and additional rentals) of \$_____ must be paid by _____.

Renter Signature _____ Date _____

Womanspace Signature _____ Date _____