



ST. CROIX HEALING ARTS CENTER Room Rental Agreement

Name _____ **Date** _____

Address _____

City/St/ Zip _____

Best Phone # _____

Email _____

Dates for room rental _____

Time (including set-up and clean-up) _____

Purpose:

Class Private Group Workshops Community Other _____

Standard Amenities:

Parking lot	Restroom
Windows that open	Kitchenette (fridge, sink, microwave, coffee pot)
Marketing	On-site building representative
Standard maintenance	

Amenity Needs (no additional charge):

- Massage table/chair
- White Board
- Tables & chairs
- TV Projector
- Outside courtyard

Rental Rate: Please circle (see pg 2) A B C D



Signature Your signature below indicates that you (or your organization) will assume total responsibility or adherence to the considerations listed on pg. 2 as well as for any damages to the facility or its contents, or any loss by theft as a result of your group's presence:

Signature: _____ Date: _____

Submission Information:

As soon as you know your dates and details, please return this completed form.

St. Croix Healing Arts Center
411 County Rd UU Unit 3 (lower level)
Hudson, WI 54016

You will receive an email once your request is approved.

Considerations:

SCHAC staff or representative must be on the premises during the entire time the facility is in use. No key will be given out.

Accessibility:

SCHAC has no steps and is completely handicapped accessible. The restrooms and kitchen are adjacent to the room.

Cleaning Fees:

Renter agrees to return rented area to its original order before leaving the premises. If the area is not left in good order, a cleaning fee of at least \$25 may be assessed by SCHAC.

No smoking is permitted on the SCHAC campus.

Fee Schedule:

Time listed includes set-up and clean-up.
\$25.00 hour

NOTE: There is a 10% discount offered to members of Peaceful Living Health Association.