

## Rental Contract for Workshop Space 10548 – 115 St. Edmonton, AB T5H 3K6 (780) 488-9779

Organization:	
Mailing Address:	Postal Code:
Email Address:	Website:
Contact Person: (First Name)	(Last Name)
Phone Numbers: (Home)	Alternate Contact:
(Work)	Phone:
(Cell)	

## Reserved Dates, Times, Services & Equipment Please consult fee sheet. listing everything needed:

Date(s)	Time(s)	Event Name	Rental Type	Subtotal

\*\*\* To book your preferred dates, this contract and your 50% deposit must be received. \*\*\* Payment can be made by cheque, debit (in-clinic) or email money transfer to: healingconnections1@gmail.com

## \*\* For e-transfer payments PLEASE put the name and date of your workshop in the message line.

## **Contract Agreement:**

- The contact person for your group will receive a key for the main door.
- The contact person for the group will be legally accountable for the group.
- The renter is responsible for set-up, clean-up, tidiness, security and return of the key. (Cleaning supplies and garbage bags will be made available.)
- If there is damage, it will be the responsibility of the group to pay for repairs. The contact person will be invoiced on behalf of the group.
- We require a 50% deposit or \$100.00 minimum deposit upon booking, whichever is higher.
- Full payment required upon the first day's use of space via debit, cheque or email money transfer. (For e-transfer PLEASE put the name & date of your workshop in the message line.)
- **Cancellation Policy:** If you cancel more than 5 weeks in advance, we will refund your deposit less \$100 for administration fees. If you cancel less than 5 weeks in advance we will retain your entire deposit.

I understand that I will be legally responsible for any damage that occurs while renting this facility.

I, (print your name)	on behalf of (print organization name)	
	, agree to	the conditions of this rental contract.
	(Renter)	
Signature	( ,	Date
	(H.C.)	
Signature		Date