



womanspace
facility rental contract

Contact Information:

Renter's Name _____

Address _____

City/State/Zip _____

Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Event Description:

Date and Time:

Date _____ Set-up hour/s _____

Actual event hours _____ Clean-up hour/s _____ Fee _____

Attendance:

Estimated or actual number of persons in attendance _____ # of adults _____ # of children (under 9) _____

Cleaning Fees:

Renting group 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 \$50 will be retained by Womanspace. If the area is left in good order, the entire \$50 cleaning fee will be refunded. No smoking is permitted on the Womanspace campus.

Facility Cost:

Total \$ _____

Deposit of \$ _____ must be made to Womanspace by _____

Balance of \$ _____ (including cleaning deposit) must be paid to Womanspace by _____

Womanspace requires proof of general liability coverage with \$1,000,000 limits listing Womanspace, Inc. as an additional insured. If serving alcohol, proof of liquor liability coverage is required. One-day special event policies are accepted as long as Womanspace, Inc. is listed as additional insured. Your signature below indicates that you will assume total responsibility for adherence to the considerations listed on this document, as well as for any damage to the facility or its contents or any loss by theft as a result of your group's presence.

Signature _____ Date _____

Approved by _____ Date _____