

# HEALTH CHOICES RENTAL CONTRACT

**Fee schedule for 2008-2009:**

2nd Floor Classrooms	Full Day Rate <sup>1</sup>	Half Day Rate <sup>2</sup>	Weekend Rates <sup>3</sup>	Session Rates <sup>4</sup>
Sequoia (1,200 Sq ft)	\$250.00	\$130.00	\$500.00	
Beech (1,200 Sq ft)	\$250.00	\$125.00	\$500.00	
Sequoia & Aspen (1,950 Sq ft)	\$350.00	\$180.00	\$675.00	
Private Session Room				\$20.00

- 1 Full day Rental is from 8:00am to 6:00pm
- 2 Half day Rate applies to rental after 4:00pm in the evening or for a period of up to 4 hours during the day, between 8:00am to 6:00pm.
- 3 Weekend Rates apply to rent of space from 6:00pm Friday Evening until 6:00pm Sunday Evening
- 4 Session rates are for maximum of 1 hour 30 minutes.

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Please complete the following using one line for each day you will use the space. Use an extra sheet of paper if needed.

Date(s)	Space Needed	Time Space Will Be Used	Applicable Rate	Total
1.				
2.				
3.				

I \_\_\_\_\_ as a representative of \_\_\_\_\_ agree to the following terms and conditions regarding rental of Health Choices space:

**PAYMENTS:** A deposit for one half the total rental cost will be paid to Health Choices upon signing of contract. Remainder of rental fee will be paid twenty-four (24) hours prior to actual usage. A **\$25.00 key deposit** is required and will be returned upon return of key. Keys will be released when the full rental fee is paid. Make checks payable to: Health Choices.

**CANCELLATION:** Health Choices must be notified of the cancellation no later than 2 weeks prior to rental date. If a cancellation is made less than 3 weeks before the Rental date, the deposit will be refunded only if Health Choices is able to rent the space.

**RESPONSIBILTIES:** Rental Party will ensure space is clean and neat upon leaving, windows closed, doors locked, heating/air conditioning readjusted, and keys returned to Health Choices within 24 hours of the event.

Health Choices will make keys available to the rental party 24 hours in advance of the event and will ensure that the space to be used is clean and neat prior to the usage by the rental party. Health Choices will also ensure that the rental party is fully informed about the operation of the heating/air conditioning.

**DEPOSIT:** \_\_\_\_\_ **BALANCE DUE:** \_\_\_\_\_

Received by: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Name of Rental Party: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**SIGNATURE**

**Date**