



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 |
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***** 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:
 admin@healing-connections.ca**

**** 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.

 Signature (Renter) _____ Date

 Signature (H.C.) _____ Date