



3368 Beltline Ct. NE

Grand Rapids, Michigan 49525
 Phone: 616.361.3991 Fax: 616.363.6679
barbm@holisticcareapproach.com

RENTAL AGREEMENT

DATE AND TIME (Facility will be opened 30 minutes prior to start of event for setup unless otherwise specified)

One time Event:

Event:	Contact:	Phone:
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Date and Time:

Repeating Event: (List all dates and times needed)

Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:
Date:	Time:

TERMS OF RENTAL AGREEMENT (Check one- No charge for setup and clean up time)

<input type="checkbox"/> Hourly Rate	\$25
<input type="checkbox"/> Half Day Rate	\$ 75
<input type="checkbox"/> All Day Rate	\$ 150

ITEMS AND QUANTITY (Check Items Needed and List Quantity)

Items	Quantity
<input type="checkbox"/> Tables (Long and Round and Cocktail)	
<input type="checkbox"/> Chairs	
<input type="checkbox"/> Massage Tables (Does not include Linens)	
<input type="checkbox"/> White Board, Easel, Erasers, Markers	
<input type="checkbox"/> Use of Kitchen Facility	
<input type="checkbox"/> Water Setups	
<input type="checkbox"/> TV Screen for Projection	

<input type="checkbox"/> Other Special Requests (List)	
<input type="checkbox"/> Screen for Projector	
* Set up and Clean up is the responsibility of the Client	
* Rental includes large basement room only (other areas of the facility are not available for use)	

I understand and agree to the terms of this agreement and have included my Non-Refundable Deposit of \$25.00 per event. Make checks payable to Holistic Care Approach. This deposit will be applied to my total fee. Balance is due day of the event. All credit cards accepted also.

Signature

Date