



Studio Rental Request

IMPORTANT: This is a request only. Please wait for final approval of your request before marketing your event.

Complete this form and return with deposit to:
Healing Waters Health Center, Attn: Event Coordinator, 2705 Enloe St. Hudson, WI 54016.
\$15 non-refundable deposit (Cash or Check Only) will be applied to final payment
Please make checks payable to: LASH

Date(s) Room Needed:
(Time) Room Needed (include set up/take down): from to
Actual Time of Event: from to
TITLE OF EVENT:
Public or Private Event?
Class fee \$
Organization/Business Name:
Contact Person:
Phone: Email:

Please select preferred payment option (Select One):
Hourly Rate (\$35) @ hours (include time needed for set up and take down)
4 Hour Rate (\$80) 8 Hour Rate (\$140)

Check All Options Needed: # of Chairs (included) # of Tables (included)
Kitchen (\$40) AV Equipment (\$40) Yoga Mats (up to 10 included)
Massage Tables (\$5 per table per day) Conference Room (\$12 per hour)
Treatment Room (\$12 per hour)

Optional Marketing Support (\$10) Please provide on the back of this sheet or on a separate sheet the word for word marketing you want us to use. It must be 50 words or less.

Please add event information to Health Center website calendar. (\$5)
Please add event information to 1 Health Center newsletter. (\$5)

Deposit.....\$15.00 (non-refundable)
Marketing Support (optional).....\$10.00 (non-refundable)
Total enclosed (Cash or Check Only).....\$

I have received and read the Policies and Instructions that accompanied this request form.
Signature Date

For office use only:
Request and Deposit Received By: Amount FOP: Cash or Check (Ck #)
If Marketing:
Event Calendar Website Event Calendar Newsletter Key Needed? Y / N Given out by: Initials/Date
Date Initials Date Initials Date Initials Collected by: Initials/Date