



# ST. CROIX HEALING ARTS CENTER

## Directions:

1. Download the form and save it where you can find it again.
2. Fill it out
3. Save your changes
4. Sign, Print and return or email to :  
stcroixhealingarts@gmail.com

## **Submission Information:**

As soon as you know your dates and details, please return this completed form with full payment to:

St. Croix Healing Arts Center  
411 County Rd UU Unit 3 (lower level)  
Hudson, WI 54016

You will receive an email once your request is approved.

## **Considerations:**

SCHAC staff or representative must be on the premises during the entire time the facility is in use. No key will be given out.

## **Accessibility:**

SCHAC has no steps and is completely handicapped accessible. The restrooms and kitchen are adjacent to the room.

## **Cleaning Fees:**

Renter 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 at least \$25 may be assessed by SCHAC. No smoking is permitted on the SCHAC campus.

## **Fee Schedule:**

Time listed includes set-up and clean-up.  
\$25.00 hour

**NOTE:** There is a 10% discount offered to members of Peaceful Living Health Association

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) Needed: \_\_\_\_\_

Time: \_\_\_\_\_ to \_\_\_\_\_

Purpose:  Class  Private Group  Workshop  Community  Other

**Standard Amenities:**

- \* Parking Lot
- \* Restroom
- \* Windows that open
- \* Kitchenette (refridgerator, sink, stove. microwave, coffee pot)
- \* Marketing
- \* On-site building representative
- \* Satandard Maintenance

**Amenity Needs (no additional charge):**

- Massage table/chair
- TV Projector
- White Board
- Outside courtyard
- Tables & chairs

**Signature**

Your signature below indicates that you (or your organization) will assume total responsibility or adherence to the considerations listed on pg. 2 as well as for any damages to the facility or its contents, or any loss by theft as a result of your group's presence:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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