STUDIO RENTAL FORM

(Office Use) FINAL PAYMENT: __

*Please complete this form and send it to frontdesk@studio702dance.com
The studio will charge 25% of your final amount the day of the rental is booked. Final payment MUST be paid prior to starting your rental.
Additional fees will apply for any time scheduled out of normal business hours. NO REFUNDS for time that was not used. You MUST pay for what you booked. There will be a charge of 25% of your total for any form of cancellation or no show within 24 hours of the reservation.



Contact Name:		Company:						
Cell Phone:	Alternate Phone: _	E	E-Mail:					
Billing Address:		Zip Code:						
Additional Contact:		Cell Phone:			E-Mail: _			
<u>PRICING</u>		RES	RESERVATION					
STUDIO 1 (31x42) - \$45 PER	HOUR	Studio:		1	2	3	4	
STUDIO 2 (40x21) - \$40 PER	HOUR	Date:						
STUDIO 3 (35x18) - \$35 PER	HOUR	Time:						
STUDIO 4 (24x20) - \$30 PER	HOUR	Notes:						
o There is absolutely In submitting and signing this a Applicant hereby agrees to ho and related in anyway by the acts or omissions of Applicant equipment or damages sustain with the understanding that	tside normal business hours (M no food, drinks, or chewing gusting policition, I certify that I have read to STUDIO 702 DANCE free and har use and occupancy of said facility, I, the undersigned or the companied to STUDIO 702 DANCE properties STUDIO 702 DANCE may cancel to 702 DANCE of any cancellations of the without a potice.	m permitted inside the s d, understand, and will abide mless from any injury, loss, to extent such injury, loss, y I represent, will be respon- ty shall be compensated wi when necessary. 25% dep	tudi e by t dama dama sible thin osit	the stuage, liage, liage, liage, liage, liage, liage, seven must	nly bottled adio rules a ability, cost ability, cost y damages days. I agre be made	nd regul or expe or expe sustaine ee that t at time	lations ment nse that ma nse arise ou ed by the fac- this reservat	tioned above y arise during t of negligent cility. Any lost ion is granted tion. It is my
		P.A.						
REQUIRED - Credit Card I	nformation VISA MasterCar	DISCOVER	::					
Name as it appears on card:		VISA	ı	MAST	TER CARD	DISC	COVER	
Card Number:	Exp Date:	Zip Co	ode:					
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Intuce Use DEDOSIT DAID.	DEDUCIT D	ATE: COL	LECT	FD BV				

PAYMENT DATE: _____ COLLECTED BY: ____