



## MANITOWOC TRAINING ROOM RENTAL INFORMATION & AGREEMENT

### Lakeshore Community Health Care’s Manitowoc Training Room

The Training Room provides meeting space for nonprofits and other organizations. The room is available for rent Sunday through Saturday during the hours of 6:00 am to 9:00 pm. The training room is not available for rental during Federal Holidays.

### Location and Parking

Lakeshore Community Health Care is located at 2719 Calumet Ave., Manitowoc, WI 54220. There is a parking lot available on the premises. There is no cost to park. The entrance to the Training room is the administrative and delivery entrance located in the southeast corner of the building.

### Meeting Facility and Rates

The training room accommodates up to 30 participants.

| Meeting Facility | Theatre | Classroom | U-Shape | Hollow Square |
|------------------|---------|-----------|---------|---------------|
| Training Room    | 30      | 18        | 12      | 16            |

*NOTE: These numbers approximate maximum seating. Interested parties should visit prior to making reservations.*

Room rental rates are calculated on an hourly or daily basis.

| Meeting Facility | Business, Individual Rate | Non-Profit Rate |
|------------------|---------------------------|-----------------|
| Training Room    | \$40/up to 4 hours        | N/A             |
|                  | \$75/day                  | N/A             |

### Audio/Visual Equipment

Basic audio/visual equipment and general meeting supplies are provided by Lakeshore Community Health Care. This basic equipment includes:

- Mondo/Smart Board
- Overhead Projector
- Screen
- HDMI and Extension Cords
- Speakerphone
- Microphone

### Kitchen Area

The kitchen is fully functional with a refrigerator, stove, and microwave. Please make sure that the kitchen is returned to original condition when finished.

## Reserving Meeting Space

Please complete the Application for Meeting Space and Conditions for Rental Form and submit them to Lakeshore Community Health Care's Facility Manager: [kknocke@lakeshorechc.org](mailto:kknocke@lakeshorechc.org). If your request can be accommodated, the space will be tentatively booked pending full payment of the room rental fee.

## Payment

Lakeshore Community Health Care accepts Cash, Checks, Visa, MasterCard and American Express. All room rentals must be finalized and paid in full one week before the scheduled reservation date.

## Confirmation & Cancellation Policies

Once the completed application and security deposit, if applicable, are received, Lakeshore Community Health Care staff will confirm the reservation in writing via fax or email.

Requests to cancel reserved meeting space must be received in writing with adequate notice. Adequate notice constitutes ten (10) business days for cancellations of the training room. When there is adequate notice, the renting organization will be refunded their reservation payment. When there is NOT adequate notice, the renting organization will be charged the full room fee.

If a cancellation is due to a regional or national disaster, including extreme weather conditions, the renting organization will receive a full refund.

**Lakeshore Community Health Care reserves the right to decline patrons and amend its policies and rental rates at any time. These rates and policies became effective January 2018.**

## CONDITIONS FOR RENTAL FORM

The following rules govern use of the community room at Lakeshore Community Health Care. Renting organizations agree to abide by these rules as a condition of use. Violations may result in revocation of community room privileges.

- **Lakeshore Community Health Care's meeting facilities are equipped with tables and chairs that may be re-arranged provided the renting organization returns the room to its original configuration.**
- **The renting organization is responsible for returning the room to the same condition it was in prior to the renting organization's event. This includes returning tables and chairs to pre-event order and proper disposal of trash.**
- **Food and non-alcoholic beverages are allowed. Renting organizations must sign for delivery of their catering orders and are responsible for all set up and clean up. Lakeshore Community Health Care will not place orders with caterers.**
- **Lakeshore Community Health Care requests that each renting organization designate one person to handle all communications and transactions with Lakeshore Community Health Care. That designated person must be on-site throughout the rental period.**
- **Lakeshore Community Health Care reserves the right to assess a fee if the meeting facility or its equipment is damaged or otherwise not returned to its original condition.**

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Renter Contact Signature

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Date



# APPLICATION FOR MANITOWOC TRAINING ROOM

Organization/Individual Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

Meeting Date(s) \_\_\_\_\_ Number of Participants \_\_\_\_\_

Set Up Begins \_\_\_\_\_  AM  PM

Meeting Begins \_\_\_\_\_  AM  PM

Meeting Ends \_\_\_\_\_  AM  PM

Clean Up Ends \_\_\_\_\_  AM  PM **TOTAL # OF HOURS** \_\_\_\_\_

### RENTAL RATES:

Training Room ½ Day (4hr or less) \$40  Full Day \$75

**TOTAL COST \$** \_\_\_\_\_

### Audio and Visual Equipment Included By Request (Check all items needed)

- Overhead Projector
- Screen
- Speaker Phone
- Microphone
- Extension Cords
- HDMI Cord
- Mondo/Smart Board

Please sign and return the **Application for Community Room** and the **Conditions for Rental Form** with your payment to confirm your reservation. Lakeshore Community Health Care accepts Cash, Checks, Visa, MasterCard, and American Express as payment. All room rentals must be paid for and confirmed one week before the scheduled meeting.

**EMAIL OR FAX APPLICATION TO:** Lakeshore Community Health Care, Attn: Kelly Knocke – Facilities Manager, PO Box 959, Sheboygan, WI 53082-0959. Phone: 920-783-6633 Fax: 920-783-6392 Email: [kknocke@lakeshorechc.org](mailto:kknocke@lakeshorechc.org).

**Total Payment Enclosed \$** \_\_\_\_\_

- Check Enclosed (*Make payable to Lakeshore Community Health Care*)
- Payment by Credit Card

Credit Card Type  MC  VISA  AM EXP

Credit Card # \_\_\_\_\_ CCV CODE \_\_\_\_\_ Exp. Date \_\_\_\_\_ (month/year)

I have received a copy of the agreement governing the rental space in the Training Room and agree to the conditions. I am authorized to enter into this agreement on behalf of my organization.

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Date