

**CSTea House, Inc.**  
357 Gould Street, Winona, MN 55987  
**ALL DAY RENTAL (4 hours or more) Contract - \$300.00**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Event Description: \_\_\_\_\_

Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Approx. Time: \_\_\_\_\_ to \_\_\_\_\_  
(which includes set up and clean up)

“CSTea House, Inc.” retains jurisdiction over its facilities at all times and agrees to provide heat, light, air conditioning (where applicable) and normal janitorial services. The Lessee agrees to exercise reasonable care and judgment in using the facilities and services agreed upon and to comply with guidelines and rules established by” CSTea House, Inc.”

The LESSEE agrees to sign this agreement and pay the “CSTea House, Inc.” a fee of \$300.00

**TOTAL DUE = \$ 300.00** Make check payable to: “CSTea House, Inc.”  
*(Refund is available if notification is made within two weeks of the event)*

LESSEE will be solely responsible for any damage to CSTea House property and agrees to reimburse “CSTea House, Inc.” fully for such damage.

**LESSEE INSURANCE:** Prior to LESSEE occupancy of the CSTea House, LESSEE shall provide “CSTea House, Inc.” with a certificate of general liability and property damage insurance naming “CSTea House, Inc.” as an additional insured and reflecting coverage to \$1 million for death by wrongful act or omission, and to \$1 million for any claimant in any other case, but not to exceed \$2 million for any number of claims arising out of a single occurrence. LESSEE shall maintain this coverage at its sole expense during its use of the CSTea House. The insurance certificate that you provide to “CSTea House, Inc.” must list the following as the name of the additional insured: CSTea House, Inc., 357 Gould Street, Winona, MN 55987

“CSTea House, Inc.” does not assume responsibility and/or liability for any accident or injury occurring within our facilities during the above times, and the undersigned further agrees to save and hold harmless CSTea House, Inc. from any and all claims for damage arising out of the use of the facilities covered by this agreement.

**Sign this agreement and return with payment to: Alumnae of CST, 357 Gould St, Winona, MN 55987**

**Sign Here →** Lessee \_\_\_\_\_ Date \_\_\_\_\_

CSTea House, Inc. Administrator \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date Contract Sent _____ /Date Rec'd _____
Check # _____ /CC Approval # _____ \$ _____