



Studio Rental Agreement
8701 W. Vernor
Detroit, MI 48209
313-554-0791
www.compascenter.org

Name: _____ Type of Use: _____
Address: _____ Day(s)/Time(s) of Use: _____
City, State, Zip: _____ Effective Dates: (for reoccurring rentals): _____
Phone: _____
Cell: _____ Studio Rental Rates
M-F: \$30/hr.
Email: _____ Sat & Sun: \$50/hr. Studio closes at 2pm.

One-time rentals: 50% non-refundable deposit must be received to reserve your date.
Reoccurring rentals: 50% non-refundable deposit must be received prior to first reservation. Payment in full is due the day of each following reservation.
No refunds given in case of no-show or cancellations with less than 24 hr. notice.

Renter agrees to release COMPÁS from any liability for personal injury or loss/damage of personal property by Renter or their guests. Renter is also responsible for repair or replacement of any COMPÁS property that is damaged during the rental period.

Renter Initial: _____

Deposit Received - Amount: _____ Method: ___ Cash Check # _____

Date Received: _____ Balance Due: _____

Renter Signature: _____ Date: _____

COMPÁS Representative: _____ Date: _____

All balances due on date of reservation. Rates subject to change.
Please make checks payable to: SDBA