

# Village of Shiloh Klucker Hall

14 Park Dr. Shiloh, Illinois 62269

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**(Mailing Address: 1 Park Dr. Shiloh, Illinois 62269)**

## CONTRACT FOR BASEMENT RENTAL

NAME: \_\_\_\_\_ DATE OF RENTAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APROX. # OF PEOPLE: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ STARTING TIME: \_\_\_\_\_

PHONE: \_\_\_\_\_ TYPE OF EVENT: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**BASEMENT RENTAL: \$200.00 - DEPOSIT: \$100.00**

Rental is due one month before the event. We accept checks or cash. Deposit may be refunded if facility is left in clean condition and items 4-10 are completed.

**Cancellations:** Deposits may be refunded up to 30 days of the event as well as cost of hall. If less than 30 days the renter loses deposit only.

1. This area seats 120 people.
2. Rental is for 8 hours and may not exceed 12:00 a.m. with one half hour allowed to vacate the hall. Renter is held responsible for any damages made to the hall and loss of equipment from the kitchen.
3. Renter will be given a key to Klucker Hall and will assume responsibility for decorating, special setups, deliveries, and caterers.
4. \_\_\_\_\_ Tables need to be covered and please no tape on the walls.
5. \_\_\_\_\_ Please make arrangements with the Village if you need extra time for taking down the decorations and returning of special tables.
6. \_\_\_\_\_ Renter is responsible for disposal of all leftover food, emptying all trash receptacles, placing trash in the dumpster located next to Klucker Hall and cleaning of floor.
7. \_\_\_\_\_ If using the kitchen, please wipe off stove, prep table and clean any spills in refrigerator.
8. \_\_\_\_\_ Please check the restrooms (flush toilets, faucets turned off and lights turned off).
9. \_\_\_\_\_ Please turn off all lights in the hall.
10. \_\_\_\_\_ Please return the key in the drop box inside the basement of Klucker Hall.

**The Village of Shiloh will not be held responsible for injuries, accidents or any lost articles from guests or renters.**

You may pick up the key on \_\_\_\_\_ between the hours of **8:00 a.m. and 4:00 p.m.** at the Municipal Building at 1 Park Drive.

Renter \_\_\_\_\_ Date \_\_\_\_\_

Village Representative \_\_\_\_\_ Date \_\_\_\_\_

Office Use:

Deposit Fee: \$ \_\_\_\_\_ Cash Check # \_\_\_\_\_ Date Deposit Fee Paid: \_\_\_\_\_

Rental Fee: \$ \_\_\_\_\_ Cash Check # \_\_\_\_\_ Date Rental Fee Paid: \_\_\_\_\_

Returned Deposit: Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Date Mailed \_\_\_\_\_