

Village of Shiloh Senior Center

7 Park Drive

Shiloh, Illinois 62269

(Mailing Address: 1 Park Drive, Shiloh, Illinois 62269)

Village Phone: 632-1022 ext., 119

e-mail: kwangler@shilohil.org

CONTRACT FOR THE SENIOR CENTER

Name: _____ Date of Rental: _____

Address: _____ Type of Event: _____

City/State/Zip: _____ Number of People: _____

Telephone #: _____ Time of Event: _____

Driver's License #: _____

SENIOR CENTER: \$200.00 – DEPOSIT: \$150.00.

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 3-11 are completed.

1. This area seats 80 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. ___ Please do not use tape on the walls or ceiling tiles.
4. ___ Please do not take down the pictures off the walls.
5. ___ Please wipe off the tables and sweep the floor.
6. ___ Wipe off the stove tops, wipe up spills in the ovens and make sure the stoves/ovens are turned off.
7. ___ Please place bags of trash in dumpster in the gated area by Klucker Hall.
8. ___ Check the restrooms (flush toilets, faucets turned off and lights turned off).
9. ___ Turn off all other lights in the hall.
10. ___ If you rearrange the tables and chairs, please return them to original set-up.
11. ___ Please return the key in the drop box inside the Senior Center.

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 _____