

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

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**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 #: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Non-Resident: \$400.00 – 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. Cancellations must be made **48 hours before the event** for the deposit of \$150.00 to be refunded.

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 no tape, no tacks or sticky hooks on the walls or ceiling tiles and grids
4. \_\_\_ Please do not take down the pictures off the walls.
5. \_\_\_ Please cover tables.
6. \_\_\_ Please wipe off the tables and sweep the floor.
7. \_\_\_ Wipe off the stove tops, wipe up spills in the ovens and make sure the stoves/ovens are turned off.
8. \_\_\_ Please place bags of trash in dumpster in the gated area by Klucker Hall.
9. \_\_\_ Check the restrooms (flush toilets, faucets turned off and lights turned off).
10. \_\_\_ Turn off all other lights in the hall.
11. \_\_\_ If you rearrange the tables and chairs, please return them to original set-up.
12. \_\_\_ **Please return the key to the Municipal Building the next business day:**

**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 _____	