

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

Village Phone: 632-1022 ext., 119

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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 or tacks on the walls or ceiling tiles and grids. Removable command hooks are permissible at your own risk.
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 _____	