

# Village of Shiloh Community Center

7 Park Drive --- Shiloh, Illinois 62269

Village Phone: 632-1022 ext., 119 After Hours: 618-581-5730 e-mail: [squitmeyer@shilohil.org](mailto:squitmeyer@shilohil.org)

## CONTRACT FOR THE COMMUNITY CENTER

Name: \_\_\_\_\_ Date of Rental: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Event: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Number of People: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Start time: \_\_\_\_\_ End Time \_\_\_\_\_

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

COMMUNITY CENTER:  Resident: \$200.00 – DEPOSIT: \$150.00.

Non-Resident: \$400.00 – DEPOSIT: \$150.00

Glitter & Confetti Charge \$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 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 11:00 p.m. with one half hour allowed to vacate the hall. Renter is held responsible for any damages made to the hall or floor and loss of equipment from the kitchen.
3. \_\_\_ Please no tape, tacks or adhesive strips on the walls or ceiling tiles and grids.
4. \_\_\_ Please do not take pictures off the walls.
5. \_\_\_ Please cover tables.
6. \_\_\_ Bring wash cloths to wipe off tables.
7. \_\_\_ Sweep the floor. (Broom in supply closet)
8. \_\_\_ Please place trash bags 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 lights in the hall.
11. \_\_\_ If you rearrange the tables and chairs, please return them to original set-up.

**Please do not move blinds up and down.**

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 7:00 a.m. and 3:00 p.m. at the Municipal Building, 1 Park Drive.**

**Please return the key to the Municipal Building the next business day: \_\_\_\_\_**

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

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

Office Use:

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

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

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