



1 Park Drive • Shiloh, Illinois 62269 • (618) 632-1022 Ext. 119  
[squitmeyer@shilohil.org](mailto:squitmeyer@shilohil.org)

## RENTAL CONTRACT

**Senior Center - 7 Park Drive**

Rental Date: \_\_\_/\_\_\_/\_\_\_ Start Time: \_\_\_\_\_ Event Type: \_\_\_\_\_ Approx. # of guests: \_\_\_\_\_

Key may be picked up on \_\_\_/\_\_\_/\_\_\_ between the hours of 8:00 a.m. and 4:00 p.m. at the Municipal Bldg.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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

**An initial deposit of \$150.00 is required to reserve our facility. In order to process refunds in a timely manner, we only accept check or cash deposit payments. Deposit will be refunded if facility is left in clean condition and items 4-11 are completed. Cancellations must be made 48 hours prior to scheduled event for full deposit to be refunded.**

**Rental fee is due one (1) month prior to scheduled event. We accept checks, cash and credit cards (fees apply).**

Resident: \$200.00 Rental Fee    Non-Resident: \$400.00 Rental Fee

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. *Renter will be given a key to the Senior Center and will assume responsibility for decorating, special setups, deliveries, and caterers. Please do not take pictures off the walls.*
4. *\_\_\_ Tables need to be covered.*
5. *\_\_\_ No tape, tacks or sticky hooks on the walls or ceiling tiles and grids.*
6. *\_\_\_ Please make arrangements with the Village if you need extra time to remove decorations and/or to return special tables.*
7. *\_\_\_ 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.*
8. *\_\_\_ If using the kitchen, please wipe off stove, prep table and clean any spills in refrigerator.*
9. *\_\_\_ Check the restrooms, insuring that toilets are flushed and that faucets and lights are 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.*
12. *\_\_\_ Key is to be returned to Municipal Building the next business day \_\_\_\_\_*

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

Renter _____	Date _____	Village Representative _____	Date _____
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Office Use:

Deposit fee: \$ \_\_\_\_\_    Cash    Check # \_\_\_\_\_   Payment Date: \_\_\_\_\_   Refund date: \_\_\_\_\_   Init: \_\_\_\_\_

Rental fee: \$ \_\_\_\_\_    Cash    Check # \_\_\_\_\_   Payment Date: \_\_\_\_\_