



Date:

Facility Rental Agreement

CONTACT INFORMATION

Organization Name			
Contact Name			
Phone		Fax	
Mailing Address:	City:	ST:	Zip:
Email Address:			
Business Type :			

EVENT INFORMATION

Rental Dates:		Rental Day(s)	
Set up Time:		Start time:	End Time:
Room(s) Requested			
Type of Event			
Est. Attendance			

Will you need: Catering: Yes ___ No ___ Event Planner: Yes ___ No ___ Decorations: Yes ___ No ___

Will you need: Projector (\$35) ___ Armed Security (\$27.50 per hour per guard) ___

(1 Guard for every 30 people)

Chuck's Haven Banquet Hall 14844 Chicago Road, Dolton, IL 60419-chuckshavenhall@gmail.com

ADDITIONAL INFORMATION

Will admission be charged? Yes ___ No ___
Will merchandise be sold? Yes ___ No ___
Note: Nails or pins of any kind are not allowed on the drywall area of the wall. Small pins can be used in the wooden trim along the ceiling. Tape must be paint friendly and not cause paint to be removed.

Additional Services: Yes ___ No ___
Other Information

Room Diagram/Table Setup (Due the Wednesday before your event)

Initial _____

Rental Rates: **ROOM 1 \$150 per hour ROOM 2 \$100 pr hour (4 hours minimum)** (Special Rate for Repass Only 3 hours Minimum) Mon-Fri **Room 1** \$80 before 6pm/\$90 after 6pm.**Room 2** \$50 before 6pm/\$60 after 6pm. **Fri/Sat/Sun : Room 1** \$135 per hour; **Room 2** \$100 per hour(1 FREE hour for set up)

Base Price _____	Security Required _____
Additional _____	Account Balance _____

Total _____	Final Balance _____
Booking Fee _____	Due Date _____
Cleaning Deposit _____	Payment Rcvd _____
TOTAL _____	Date _____

BOTH Deposits are due at time of Rental (no exceptions)

*We require a \$100 nonrefundable booking fee (\$50 is applied to your balance and \$50 is a holding fee)

*We require a \$100 fully refundable Cleaning Deposit. **(YOU MUST EXIT ON TIME/ hall must be left in clean condition table coverings/ decorations/ trash/food/decorations removed and taken to the dumpster** at end of the event. Chuck’s Haven will not be responsible for property left after the event is over. **CLIENT MUST SIGN EXIT FORM to verify clean up and exit time.** Cleaning Deposit Refunds are processed on Tuesdays mailed out to the address you provided, or they can be sent by **Zelle** if you provide Chucks Haven with your **Zelle** information at the email address on the bottom of the page. Chuckshavenhall@gmail.com Contact main office for refund questions. Do not contact J&J Booking Office. ***Final payment must be made within 10 business days of your event, or it will be canceled and both deposits forfeited**

_____ *Final balance due day. _____

_____ *No Personal checks/credit cards accepted on or within 10 business days of the event

TERMS GUIDELINES AND LIABILITY

_____ All cancellations must be made in writing and submitted to chuckshavenhall@gmail.com . No cash refunds are given. Refunds will be processed within 48 hours mailed within 7 days of written cancellation.

_____ If canceled on or before the 60th day prior to the booked date, your full balance, (minus \$100 booking deposit) will be refunded.

_____ If canceled on or before the 30th day prior to the event 50% of your balance, (minus a \$100 booking deposit) will be refunded.

_____ If canceled less than 30 days of your event you forfeit your full balance If the event is canceled by Chuck’s Haven for reasons outside of our control, you will be given the choice of a full credit or refund.

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By signing this document, I/we) agreed to the following:

- 1) **The undersigned member will ensure all guests in his/her party will always abide by the terms of this agreement during their visit and will comply with all rules and regulations posted or otherwise communicated to undersigned.**
- 2) **Clients will clean room(s) and exit the building by the paid booked time with NO EXCEPTIONS. The undersigned will be charged the hourly rate for all time they or their guest occupy the building after their paid time. All unpaid fees due, will be deducted from your Cleaning Deposit and excess will be billed to the address provided. EXIT FORM MUST BE SIGNED AT THE END OF YOUR EVENT to verify room is clean and time your event ended**
- 3) **In case of illness or injury, Chuck's Haven Banquet Hall is authorized to contact emergency medical treatment personnel (911) at the sick guest's expense**
- 4) **Chuck's Haven Banquet Hall reserves the right to have guests removed from the facility who fail to comply with any posted rules and regulations or otherwise breaches the terms of this contract, in which case the guest will not be entitled to a refund.**

I understand and agree that by signing this agreement, I am giving up my right (and/or the right of the minor(s) for whom I sign) to make any claim against Chuck's Haven Banquet Hall, its agents, employees and volunteers, including the right to sue them for bodily injury or property damage or another loss that I might suffer while using Chuck's Haven Banquet Hall facilities, service, except as limited by law.

DO NOT BLOCK NEIGHBORHOOD DRIVEWAYS

ADDITIONAL PARKING IN NORTH LOT AND ON STREET

DO NOT LEAVE TRASH IN PARKING LOTS

NO SMOKING INSIDE OR IN FRONT OF FACILITY (use tear side or patio area)

NO LOITERING OUTSIDE THE FACILITY OR IN PARKING AREAS. (If you are closed down by police for loitering you will not receive a refund)

NO CONFETTI-SAND-FLOOR ADHESIVE

EVENTS BOOKED AFTER 10:00pm MUST PAY FOR OR PROVIDE SECURITY (\$27.50 per hour per guard) 4 hour minimum. 1 guard for every 30 people.

Signature _____

Date _____

Print _____