CHUCK'S HAVEN
BANQUET HALL

Facility Rental Agreement

CONTACT INFORMATION
Organization Name
Contact Name
Phone
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 RECEPTION			
Est. Attendance			

You and your guest MUST EXIT the facility by_____

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

Chuck's Haven Banquet Hall 14844 Chicago Road, Dolton, IL 60419 ***708-849-2100*** *–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) Floor Plan needs to be emailed to Chucks Haven by

Initi____

Rental Rates: **ROOM 1 $150 per hour. ROOM 2 $100 per hour (4 hours minimum)** Special Rate for Repass only 3 hours minimum) **ROOM 1, $135 per hour, Room 2, $85 per hour.**

Base Price $_____

Additional $_____

Total _____

Cleaning Deposit $ _____

Booking Fee $_____

Total$_____

Security Required_____

Account Balance $_____

Final Balance $_____

Due Date _____

Payment Rcvd $_____

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 an administrative fee**) **$200** Non Refundable Booking Fee. required if the balance is **$900** or more(**$100 will go toward rental rate, $100 is a administrative 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 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 provide. If you have **Zelle** , you can have your deposit sent using the method of payment by emailing your **Zelle** information to chuckshavenhall@gmail.com . Contact Chucks Haven for refund questions. Please do not call the booking company. ***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.

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

1) **The undersigned member will ensure all guests in his/her party will abide by the terms of this agreement at all times 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 an other 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 40 people.

Signature _____ **Date:**

Print: _____