



Event Space Rental Agreement and Contract

EVENT:		DATE OF EVENT:	
NAME:		NUMBER OF ATTENDEES EXPECTED:	
ADDRESS:			
CITY, STATE, ZIP:			
PRIMARY PHONE:		SECONDARY PHONE:	
EMAIL ADDRESS:			
WILL ALCOHOLIC BEVERAGES BE SERVED?	*Please contact the City Center Bar Manager to arrange details		
RENTER ARRIVAL (TIME):			
GUEST ARRIVAL (TIME):		DEPARTURE (TIME):	
PLEASE CIRCLE ROOM(S) REQUESTED:			
FULL GRAND BALLROOM	NORTH BALLROOM	SOUTH BALLROOM	
SENIOR COMMUNITY ROOM	HENRY HILL ROOM	WEST CONFERENCE ROOM	
SUPPLIES OR EQUIPMENT REQUESTED:			

DAMAGE DEPOSIT PAID: _____			
By your signature below, you agree that you have been given a copy of and read the City of Glencoe's City Center Facility Rental Agreement, understand it, and agree to abide by its terms.			
SIGNATURE OF APPLICANT:		DATE:	
SIGNATURE OF CITY STAFF:		APPROVAL DATE:	