

Application Information

Fax signed and completed form to 773.661.0780. You will receive a call within a week.

ORGANIZATION / NAME		IF APPLICABLE, LIST 501C3 TAX ID
CONTACT NAME	EMAIL	PHONE
BILLING ADDRESS		
CITY / STATE / ZIP		

Event / Meeting Description

PLEASE DESCRIBE YOUR EVENT.

Event

LIST DESIRED DATE(S) AS WELL AS ALTERNATE DATE(S)

LIST PREFERRED START AND END TIME

NUMBER OF ATTENDEES

VENUE REQUEST (please check the room(s)/venue(s) you are requesting)

- SMALL MEETING ROOM 1 MEDIUM MEETING ROOM 2 MEDIUM MEETING ROOMS 3 MEDIUM MEETING ROOMS
- CLASS ROOM LARGE MEETING ROOM BILLIE JEAN KING RECREATIONAL HALL (COURT) (FULL) HOOVER-LEPPEN THEATRE
- IRVING HARRIS FAMILY FOUNDATION RECEPTION HALL RICHARD M. DALEY ROOFTOP TERRACE JOHN BARAN SENIOR CENTER DR. DAVID J. LOCHMAN CYBER CENTER

WILL YOU BE SERVING FOOD OR ALCOHOL FOOD & ALCOHOL FOOD ONLY ALCOHOL ONLY

WITH YOUR SIGNATURE, YOU AGREE TO ABIDE BY CENTER ON HALSTED POLICIES, INCLUDING THOSE DEFINED IN THE RENTAL BOOK AND THE CODE OF CONDUCT AVAILABLE AT WWW.CENTERONHALSTED.ORG

* SIGNATURE _____