



Center on Halsted Space Rental Application

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 _____