



Goodwill Industries of Central Illinois

Facility Rental Application and Agreement

Application Date _____

Name of Group/Organization _____

Address _____

Phone Number(s) _____

Contact Person _____

Email Address _____

Goodwill Affiliation or Partner Company (Please check all that apply)

Program Partner

Not for Profit (501(c)3 must be attached)

Business Vendor

Continuum of Care Partner

Other

Nature of Meeting or Event _____

Meeting Date(s) _____

Meeting Time(s) _____

Number of People _____

Room Setup:

Classroom style

U-Shape

Equipment Needed:

Microphone

Screen

Projector

White Board

FOR PROFIT ROOM RATES

Community Room	Half Day (4 hours)- \$150 Full Day (8 hours)- \$200
Computer Classroom- West	Half Day- \$150 Full Day- \$200
Computer Classroom- East	Half Day- \$125 Full Day- \$150
Training Classroom	Half Day- \$50 Full Day- \$75
Coffee w/Carafe*	First Carafe- \$25 Each Add'l Carafe- \$5

*Coffee must be arranged through Goodwill in advance

Facility Rental Fee(s): _____

General Guidelines and Requirements:

1. Every group or organization is required to abide by all guidelines, requirements and other restrictions regarding usage of Goodwill Commons facilities.
2. For security purposes, all visitors must sign in and out at the reception area.
3. Users of the facility agree to use utmost care in the use of Goodwill Commons and agree to leave the facilities in good, clean condition.
4. Groups or organizations are not allowed to use facilities to market or sell product.
5. Those using Goodwill facilities must confine themselves to the areas provided and not exceed the capacity limits of requested facility areas.
6. The use of tobacco products or drugs is strictly prohibited on Goodwill premises.
7. Must arrive no less than 30 minutes prior to the requested meeting time to accommodate for early arrivals.



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The above-named group or organization has read and fully understands all guidelines, requirements and restrictions set forth by Goodwill Industries of Central Illinois, Inc. for the use of their facility as indicated above and accepts, agrees to, and will in all respects fully comply to provisions set forth, and such additional requirements and restrictions as may be communicated on behalf of Goodwill to the above-named group or organization prior to or in the course of such usage.

Date _____ Signature _____
Print Name _____

Accepted by Goodwill:

Date _____ Signature _____
Title _____

Please return this application to Beth Hardy by email at bhardy@goodwillpeo.org or to Goodwill Industries of Central Illinois, 2319 W. War Memorial Drive, Peoria, IL 61614