



Private Event Donations

Corporate Suggested Donation

Main Hall \$800

Main Hall with Terrace, \$950

Non Profit Suggested Donation

Main Hall \$500

Main Hall with Terrace \$650

Non-Refundable Security Deposit (applied to donation)

\$150

Optional: Tables, Chairs

\$150

Valet Parking: Available upon request for an additional fee

Parking: U.S. Bank Employee Parking Lot Only

PRAA Logo is required to be on event flyer



For space usage inquiries, email info@praachicago.org or

Call (773) 342- 8865 ext. 104.

Puerto Rican Arts Alliance Special Event Request Form

Please complete this form if you are interested in hosting an event at the PRAA Center and would like to schedule a site inspection with a member of our events staff. Upon receipt of your completed form, a member of our events staff will contact you with details.

Today's Date: ____/____/____

Contact Name:

Title: _____

Company/Organization: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Event Date: ____/____/____ Event Times: _____--_____ *There is a four hour maximum, 9am-9pm.*

Length of Event: _____ *Length of Event to include 2 hours of setup and 1 hour breakdown estimation. (If event (includes set-up and take down) exceeds ½ hour past the given hours, customer will be charged a rate of \$75 per half hour (fee deducted from the deposit.)*

Event Name: _____ Event Type: _____

Description of Event _____ Number of Guests: _____

The attendees will be: Adults Young Adults Children PRAA Members
Other _____

If paying \$150 flat fee for tables & chairs: (Please check and circle all that apply to your event)

- 23 1/2" Round High Boy # Tables ____ of 4
 30" Round High Boy # Tables ____ of 2
 60" Round Tables # Tables ____ of 5
 6' Long Tables # Tables ____ of 2
 8' Long Tables # Tables ____ of 4
 Chairs # Chairs ____ of 50

Event Space Desired: Main Gallery Hall Terrace

Dining Style: Served Seated Dinner Buffet Cocktail Reception/ Passed Hors D'Oeuvres

Set-up/Layout Seating: Theater Style ½ Round Style Table Full Round Table

NO LINENS AVAILABLE – MUST BRING YOUR OWN

What technical or physical assets will be delivered?

Furniture Catering Musicians Flowers Decorations other _____

Food & Beverages

Contact: _____ Business Name: _____

Phone #: _____ Time of Arrival: _____ Alcohol? * _____

* (Need to provide liquor liability insurance of \$1million at least one week before event naming PRAA as additional insured)

Performance/Speaker

Contact: _____ Business Name: _____

Phone #: _____ Time of Arrival: _____ Start Time: _____

Contact: _____ Business Name: _____

Phone #: _____ Time of Arrival: _____ Start Time: _____

How did you hear about PRAA Center?

Please return completed form to: info@praachicago.org

Phone: (773) 342-8865 ext. 104 • **Fax:** (773) 276-4738 • **Mail:** 3000 N. Elbridge, Chicago, IL 60618

This EVENT AGREEMENT made on the _____ day of _____, 2017 ("Agreement"), between **Puerto Rican Arts Alliance** ("Contractor") with its principle place of business at **3000 N. Elbridge, Chicago, 60618** and _____ ("Customer") with its principle place of business/residence at _____.

The Parties, intending to be legally bound, agree to the following terms and conditions:

1. DATE(S) OF EVENT:

2. TYPE OF EVENT: (e.g., fundraiser, reception, performance, conference, etc.):

3. DESCRIPTION OF EVENT/SERVICES TO BE PROVIDED BY CONTRACTOR ("SERVICES")

Facility usage of _____

4. DESCRIPTION OF FACILITIES RESERVED FOR EVENT OR IN WHICH SERVICES WILL BE PERFORMED:

Usage of the Center's _____ Time: _____ until _____

5. PRICE ESTIMATE FOR SERVICES AND FACILITIES:

Suggested Donation is: \$ _____

6. DATE OF DEPOSIT AND DEPOSIT AMOUNT:

Deposit Date: _____ Deposit Amount Due: **\$150 Non-refundable** – will be applied to donation amount. *If there is property damage after post-event inspection, customer will be billed accordingly.*

7. GUEST COUNT: As of the signing of this Agreement, the number of guests is stated as _____ guests.

8. Customer is to submit a final guest count to Contractor in writing at least 3 days prior to the event date and shall pay the amount provided under Paragraph 5 (“PRICE ESTIMATE FOR SERVICES AND FACILITIES”) regardless of the actual number of attendees.

9. **ADDITIONAL SETUP OR OTHER SERVICES NOT DESCRIBED ABOVE AND FEE, IF ANY:**

a. Use of the Contractor’s equipment (i.e. high boy tables, round tables and chairs) are subject to Availability.*

- *Note: Equipment is specified further in attached “Event Request Form” (filled out by Customer).*

10. Additional Fee(s):

11. Any outside services (e.g., musical, technical, catering services, etc.) brought in by the Customer and not stated or provided by the Contractor must be made known to the Contractor and must abide to Contractor’s general building guidelines and regulations.

a. ***IF LIQUOR IS SERVED LESSEE WILL NEED TO PROVIDE A LIQUOR LIABILITY (Dram Shop) INSURANCE OF \$1 MILLION AT LEAST ONE WEEK BEFORE EVENT NAMING THE PUERTO RICAN ARTS ALLIANCE AS ADDITIONAL INSURED ISSUED BY AN INSURER REASONABLY SATISFACTORY TO CUSTOMER.*** *Customer must obtain proof of age from all patrons who consume alcoholic beverages on Contractor’s premises. Customer and any caterer of Customer must abide by all City, County and State alcoholic beverage control laws and regulations, including without limitation, all licensure, permit and similar laws and regulations. No alcoholic beverages may be removed from Contractor’s premises. Customer hereby indemnifies and holds harmless Contractor, its employees, officers, directors and agents from any damages, actions, suits, claims, or other costs (including reasonable attorneys’ fees) arising out of or in connection with any damage to any property or any injury caused to any person (including death) relating to the sale or service of alcohol at the event, including any acts or omissions on the part of Customer, its employees, officers, directors, independent contractors, or other agents.*

12. **FINAL INVOICE:** Contractor shall issue a final invoice based on charges, if any, that resulted from changes that were made with _____ such as changes in number of attendees, quantities, substitutions, equipment, service or other changes.

13. **TERMS FOR CANCELLATION OF AGREEMENT:**

a. ***If the customer cancels the event the deposit will be forfeited.***

14. **FORCE MAJEURE:** Notwithstanding anything to the contrary in this Agreement, neither Party shall be liable for non-performance caused by acts or conditions generally recognized as being beyond its reasonable control, provided that prompt notice is provided. In such event, all advance payments or deposit shall be repaid within ten days, minus out-of-pocket costs incurred prior to notice.
15. **ENTIRE AGREEMENT OF THE PARTIES:** This Agreement sets forth the entire agreement of the parties. Any modification of this Agreement will be effective only if it is in a signed writing

PARTY REQUESTING USAGE	PUERTO RICAN ARTS ALLIANCE
Print Name:	Print Name: Carlos Hernandez
Signature: Date:	Signature: Date:
Phone Number:	Phone Number: 773-342-8865 x 103
Email:	Email: carlos@praachicago.org
Organization Name:	Organization Name: Puerto Rican Arts Alliance
Title:	Title: Executive Director