



Peoria Chamber of Commerce  
**Room Reservation Contract**

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Expected Attendance: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member of the Peoria Chamber of Commerce: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please Initial Below in Acknowledgement:**

- \_\_\_\_\_ I understand that all furniture must remain inside the facility
- \_\_\_\_\_ I understand that the room is available during only the reserved time.
- \_\_\_\_\_ I understand that the time reserved includes set up and take down.
- \_\_\_\_\_ I understand there to No Alcohol or Tobacco Products allowed on the property.
- \_\_\_\_\_ I understand that open flames (ie. Candles) are not allowed in or around the facility.
- \_\_\_\_\_ I understand all trash needs to be in containers or placed in service yard dumpster.

**Please Mark Those That Apply to Your Reservation:**

\_\_\_\_\_ Theatre Style (Chairs only) \_\_\_\_\_ Projector \_\_\_\_\_ Coffee Service  
(Use of Projector and Coffee Service is an additional Charge)

- \_\_\_\_\_ I understand it is the renters responsibility to set up the room design.
- \_\_\_\_\_ I understand that until payment is received, the reservation is a soft hold only.
- \_\_\_\_\_ I understand that payment is required to reserve the room prior to the date.

Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Cancellations within 24 hours of reservation will not be refunded\*\***  
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