



## Casino Party Booking Agreement For a Charitable Fundraiser CS - 0084

<b>Event Date</b>	3-1-2013
<b>Venue Name / CP#</b> <b>Address</b> <b>City, State, Zip</b> <b>Venue Phone</b> <b>Venue Contact</b>	Dupage County Historical Museum 102 E Wesley St Wheaton, IL 60187 630-510-4986 Sarah O'Donnell
<b>Event Times / Duration</b>	6:30pm – 10pm 5pm – 10pm
<b>Charitable Organization / CG#</b> <b>Address</b> <b>City, State, Zip</b> <b>Phone</b>	Dupage County Historical Museum Foundation 102 E Wesley St Wheaton, IL 60187 630-210-2875 Sarah O'Donnell
<b>Event Contact</b> <b>Phone / Cell</b> <b>Email Address</b>	Sarah O'Donnell 630-210-2875 <a href="mailto:sodonnell@wheatonparks.org">sodonnell@wheatonparks.org</a>
<b>Drop Off Window (3 – Hours)</b> <b>Pick Up Window (3 – Hours)</b>	1pm- 4pm 10pm – 11pm

Table	Quantity
CG Blackjack Table	3
CG Roulette Table	1
CG 10' Craps Table	1
CG Poker Table	1
Cash Receipts	75
Training	1
Security/Consultant	1

**Additional Services:**

<b>Order #</b>
<b>TOTAL QUOTE:</b>
<b>1215.00</b>

Thank you for allowing Casino Party Professionals to be the official equipment supplier for your casino fundraiser. We look forward to making your upcoming event a profitable one. This is a custom quote for your upcoming and **will be valid for ten days**. When you are ready to accept this quote, please sign and date this

agreement on the bottom of the second page

**A 10% deposit is required at time of booking.** This deposit reserves the date and the equipment for your event. The balance will be collected on the date of your event prior to set up. If a client wishes to cancel their event after submitting the deposit, they may do so up to ten days prior to the date of the scheduled event. The deposit amount is non-refundable however fully transferable to another event date within the following 12 months of the original event. In order to rebook the event, Casino Party Professionals requires a minimum of 45 days notice prior to the date you wish your fundraiser to run. Because our equipment has been reserved for your event and we are unable to accept other fundraising opportunities, no transfers will be granted for parties canceled less than 15 business days out from

the scheduled date, and deposits will be deemed forfeited. Payments may be made via credit card or check. The credit card authorization form is located at the bottom of this page. If paying by check please make out to Casino Party Professionals and send it to us along with a copy of the entire agreement to:

**Casino Party Professionals**  
**31 West Fullerton Avenue**  
**Addison, IL. 60101**

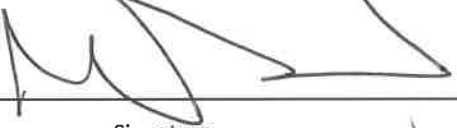
If your event is in less than seven business days, please use our check by phone service by calling 630-628-8150, or by faxing a completed check to: 630-477-0101 along with a copy of this agreement for ACH processing.

A Casino Party Professionals, Inc. team member will confirm the acceptance of this quote within 48 hours. If you have any additional questions or concerns please feel free to call 630-628-8150 or 888-748-2271.

Casino Party Professionals will provide requested gaming tables, and all necessary equipment. A security person may be provided for your event in a separate agreement if requested. **This quote INCLUDES delivery, setup, and breakdown following the event.**

**Smoking on our tables is prohibited at ALL times. Client assumes full responsibility for any and all expenses related to the cleaning or repair/replacement of table felts and/or table rails. Casino Party Planners will notify client of all costs incurred once a table has been restored to like new condition.**

I hereby understand the terms and conditions of this agreement and I'm excited about having Casino Party Professionals service my upcoming event. **In addition, I agree to run my event in accordance with the governing laws as stated by the Illinois Charitable Games Act.**

 _____ Signature	<i>Secretary/Manager</i> _____ Title	<i>DCM Foundation Inc</i> _____ Company
<i>Michael J. Berard</i> _____ Printed Name		<i>1/31/13</i> _____ Today's Date

**We would like to thank you for the opportunity to work with you and are committed to making your event an extraordinary experience for everyone.**

**Returned Check policy:** In the unlikely event, your check is returned to us for whatever reason unpaid, you agree to be charged a \$50.00 returned check fee which may be automatically debited from the account the check is drawn upon.

**Late Payment Fee:** Casino Party Professionals charges a 5% late payment penalty on any balances remaining unpaid after 10 days following an event. An additional 5% penalty will be added to the total amount due for every 30 day period following the initial 10 days.

**Change Fees:** Changes in Delivery, Pickup, or Event Times in accordance with the above agreement that are made within three days prior to an event may incur change fees.

RSM:



## Payment Information

Send to: Accounts Receivables  
Electronic Funds Transfer (ACH) Processing  
Complete this form and fax to 630-477-0101

If you have any questions, please contact Andy Kaplan at 630-628-8150

<b>Name as it appears on check:</b>	
<b>Company (if applicable):</b>	DuPage County Historical Museum Foundation
<b>Contact:</b>	
<b>Street address:</b>	102 E Wesley
<b>City/State/Zip code:</b>	Wheaton, IL 60187
<b>Phone:</b>	<b>Fax:</b> (630) 665-5880
<b>Driver's License or State ID</b>	

### Your bank information

<b>Name of bank:</b>	
<b>City and state:</b>	
<b>Bank transit routing number or ABA number:</b>	
<b>Account number:</b>	
<b>Check number:</b>	

NOTE: You will receive a paper copy from your bank.

<b>Signature:</b>	<b>Date:</b>
<hr/>	<hr/>
<b>Name (Print):</b>	<b>Phone:</b>
<hr/>	<hr/>
<b>Title (if applicable):</b>	
<hr/>	

**Credit Card Phone Authorization**  
There is a 4% surcharge for credit cards.

### CREDIT CARD INFORMATION

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex	CC Number	
Expiration date	3 digit security code	
Name on card:		
Billing address		
City	State	Zip Code
This transaction is for	Deposit Amount:	Balance Amount:

<b>Amount charged</b>	<b>Approval #</b>	<b>Approval Date</b>
<b>Invoice #</b>	<b>Order #</b>	<b>Event Name</b>
<b>RSM</b>		<b>Event Date</b>

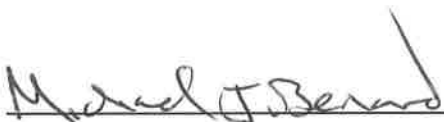
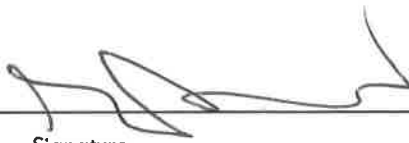

**Statement of Authorization**

The purpose of this statement is to authorize Casino Party Planners and its subsidiaries, to process this credit card transaction from the above Buyer.

Buyer has enclosed a photocopy of the above stated credit card (front & back) and valid driver's license or state identification for proper verification of this transaction.

Buyer acknowledges and understands that all sales are FINAL and there are no refunds unless equipment received is non-functioning and shipped back in 48 hours. In addition, by signing this document, the Buyer accepts all responsibility of this transaction to ensure proper payment through to the merchant. Buyer will not request a charge back through their credit card company without first obtaining authorization from Casino Party Planners.

Cardholder acknowledges the amount shown above is accurate, and agrees to perform the obligations set forth in the Cardholder agreement with the issuer.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><i>For office use</i></p> <p>Name of event: _____ Date: _____</p> <p>Order # _____ RSM: <b>Chuck</b></p>
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