



Casino Fundraiser Booking Agreement For a Charitable Organization CS - 0084

Event Date:	Fri, Feb 28, 2014
Venue Name: Address: City, State, Zip: Venue Contact:	Dupage County Historical Museum 102 W Wesley St Wheaton, IL 60187 Sarah O'Donnell
Event Times: Event Times (if different):	6:30pm - 10:00pm
Charitable Organization/CG#: Address City, State, Zip Phone	Dupage County Historical Museum 102 W Wesley St Wheaton, IL 60187 (630) 210-2875
Event Contact: Work / Cell: Email Address:	Sarah O'Donnell (630) 510-4986 / (630) 210-2875 sodonnell@wheatonparks.org
Drop Off Window (3 - Hrs) Pick Up Window (3 - Hrs)	1:00pm - 4:00pm 10:00pm - 11:00pm

Item	Quantity
Cash Receipts	75
CG Craps 10' table	1
CG Roulette Table - LEFT	1
CG Texas Holdem Table	1
CG VIP Blackjack Table - SIT DOWN	3
Charity Dealer Training	1
Charity Security / Consultant	1
Additional Services:	

Order Number: 428849

Thank you for allowing Casino Party Professionals to supply the equipment for your upcoming casino party fundraiser. We look forward to making your event a memorable one. **This is a custom quote for your upcoming fundraiser and will**

TOTAL QUOTE:
\$1,250.00

be valid for ten days. When you are ready to accept this quote, please sign, and date this agreement on the second page.

A 10% deposit is required at time of booking. This deposit reserves the date and the equipment for your event. Any balance due will be collected on the date of your event prior to set up. If final payment has not been arranged in advance, the set up process will not be completed. *Please be aware, we do NOT accept cash payments, only checks or credit.* If you wish to cancel your fundraiser, you may do so up to ten days prior to the date of the scheduled event. The deposit amount is non-refundable; however, it is fully transferable for another event within the following 12 months of the original booked date. In order to rebook your event, Casino Party Professionals requires a minimum of 60 days' notice prior to the date you wish your party to run. No transfers will be granted for fundraisers canceled less than thirty 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 Planners and fax a copy of the check along with the contract to: 630-477-0101 or mail it to:

Casino Party Professionals

Attn: Event Dept
31 West Fullerton Avenue
Addison, IL. 6010


If your event is in less than 30 (thirty) 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 credit card processing form is available at the bottom of this form.

A Casino Party Professionals 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 888-748-2271.

Casino Party Professionals will provide requested gaming tables, and any necessary equipment. A security person may be provided for your event in a separate agreement if requested. **This quote INCLUDES all consulting prior to your event, equipment delivery, complete 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 Professionals 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 fundraiser. **In addition, I agree to run my event in accordance with the governing laws as stated by the Illinois Charitable Games Act**



Signature

1/28/14

Date

Sarah O'Donnell Michael J. Berard

Printed Name

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 Planners 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 time, Pickup time, or Event Times in accordance with the above agreement that are made within three days prior to an event may incur a **minimum** \$250.00 change fee.

Equipment Changes: Changes to the equipment quantity as stated on the contract will NOT reduce the contract amount due within 10 days of the event.

RSM: __Chuck Patterson__

Payment Information

Send to: Accounts Receivables

Complete this form and fax to 630-477-0101

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

Electronic Funds Transfer (ACH) Processing

Name as it appears on check:		
Company (if applicable):		
Contact:		
Address:		
City/State/Zip		
Phone:		Fax:
Driver's License or State ID		

Your bank information	
Name of bank:	
City and state:	
Bank transit routing number or ABA number:	
Account number:	
Check number:	

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

Signature:

Date:

Name (Print):

Phone:

Title (if applicable):

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. Client further agrees to pay for all legal fees associated with any collection activity necessary.

<i>For office use</i> <i>Name of event:</i> Dupage County Historical Museum Fundraiser	<i>Date:</i> 2/28/2014
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RSM: Chuck Patterson

Credit Card Phone Authorization (4% SERVICE CHARGE)

<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:
Below this line for office use		
Amount charged	Approval #	Approval Date
Invoice # 428849	Order #	Event Name Dupage County Historical Museum Fundraiser
RSM Chuck Patterson		Event Date 2/28/2014

Statement of Authorization

The purpose of this statement is to authorize Casino Party Professionals and/or its affiliates or 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 Casino Party Professionals is notified within 2-hours of equipment drop off time as stated on the event agreement. In addition, by signing this document, the Buyer accepts all responsibility of this transaction to ensure proper payment to Casino Party Professionals. Buyer will not request a charge back through their credit card company without first obtaining authorization from Casino Party Professionals.

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 _____

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