



RESERVATION CONTRACT

Contact Person _____ Position _____
Organization _____ Email _____
Address _____ Phone _____
_____ Fax _____ Arrival _____
Date ____ / ____ / ____ Time ____ ☐ am ☐ pm Departure Date ____ / ____ / ____ Time ____ ☐ am ☐ pm
Number of Participants Attending _____ Number of Adult Moderators Attending _____
Name of Moderator _____ Moderator Cell Phone _____

SERVICES REQUESTED

Please select ONE applicable program from the list below

☐ **Darst Center Staff Facilitated Immersion Retreat** [\$500 Deposit]

As part of our accompaniment of groups, the group is responsible for including Darst Staff as part of their travel plans while in Chicago. All meals, site coordination, and activities are included and will be scheduled by Darst Center staff. Minimum of 5 retreat participants required for an Immersion Retreat. **Please select a transportation option below.**

- ☐ We will provide our own vehicles and drivers, with space for Darst Center staff. If space is not available for Darst Center staff, we will cover a fee for use of alternative transportation for staff.
OR
☐ We will utilize public transportation and include Darst Center staff (transit costs added to final invoice).

☐ **Darst Center Staff Facilitated Workshop** [\$150 Deposit]

- ☐ Social Justice Workshops (in-person): ☐ Full Day ☐ Half Day
☐ Virtual Workshops: ☐ Multiple Sessions ☐ One Session

Theme / Notes: _____

☐ **Self-Directed Overnight Program** [\$500 Deposit] *Includes lodging, linens, towels and priority use of the facility.*

☐ **Self-Directed Day-long Facility Usage** *Includes priority use of the facility.*

Please see other side for TERMS of AGREEMENT and signature line.

FOR DARST OFFICE USE ONLY:

Deposit \$ _____ Check Number _____ Date Received _____

312.225.3099 (phone) • 312.842.4178 (fax) • info@darstcenter.org
www.darstcenter.org



TERMS of AGREEMENT

I can assure that the Darst Center space will be used appropriately and that the assigned moderators will take primary responsibility for the application of the Center's policies. I understand that the Darst Center will not be held liable for damages or injuries that are the result of a violation of the rules of use of the building or in the case of minors, of inadequate supervision by assigned moderators. I further understand that the group will be assessed for any damages that occur during our time at the Darst Center and are caused by our group.

It is my absolute intention to hold harmless the Darst Center for any personal injury or damage that occurs while on site at the Darst Center and while participating in activities associated with the group's retreat offered by the Darst Center.

I have read the terms and agree to the expectations therein. I am submitting a non-refundable deposit of \$500 for overnight experiences or \$150 for day-long experiences or workshops to reserve the selected dates, understanding that a cancellation results in the forfeiture of the deposit. Upon completion of services, an invoice for the unpaid balance will be provided. The agreed upon cost for services is as follows: _____.

NOTE: A guaranteed head count for your reservation must be confirmed at least three weeks prior to your arrival. This number must be within 3 total people of the original number booked on this contract. Any decrease in head count greater than three people or made after the three week period will not decrease the final balance. Increases in head count can be made at any time depending upon availability. Increases in head count will be reflected in the final balance. Payment of full balance is expected within one week of reception of final invoice. The Darst Center reserves the right to update or change the location where retreats and retreat-related services are provided as needed.

Signature of contact person/organization representative

Date