



# SUITE RENTAL AGREEMENT

\*\* Please complete Sections 1, 2 and 3 and return to eperkins@iwirelesscenter.com or fax to 309.764.2192.  
For more information, please contact Emily at 309-764-2001 ext. 308. <http://www.iwirelesscenter.com/suites.php>

## Section 1.

Event: Mallards      Date: \_\_\_\_\_      Game time: \_\_\_\_\_ p.m.

Suite Ticket Rental Price: \$30/each

Ticket Quantity: \_\_\_\_\_ (minimum of 12 tickets required to rent)

## Section 2.

Name \_\_\_\_\_

Company or Group \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

## Suite Rental Terms and Conditions

- 1) Suite availability will be determined 7-10 days prior to the event. The i wireless Center will contact the above party if tickets become available.
- 2) The suite ticket price includes the base ticket price, facility fee and a per ticket suite rental fee. Two complimentary event parking passes are included.
- 3) Payment for the minimum number of tickets must be submitted with this request. Payment will be processed once the request is honored and the requester is contacted.
- 4) Non-suite tickets may be exchanged (and any additional rental fee billed) for suite tickets.
- 5) The responsible party for this agreement must be in attendance at the event.
- 6) Entry into the suite is limited to guests who have suite tickets and i wireless Center personnel.
- 7) Outside food and beverage is not allowed. **Catering is available by contacting the Aramark Catering Manager at 309-277-1374.** Beverage service and limited menu items may be ordered during the event.
- 8) The suite ticket holder agrees that all suite guests will comply with the alcohol policy of The i wireless Center and the laws and regulations of the City of Moline and the State of Illinois. Smoking in the suite is not permitted.
- 9) This request is non-transferable.
- 10) The responsible party agrees to be financially responsible for the repair or replacement of any part of the suite or its amenities that are damaged during occupancy. A pre-event and post-event walk-through is available to determine the condition of the suite.

## Section 3.

Credit Card: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Three Digit Security Number Located on Back of Credit Card: \_\_\_\_\_

Signature of Renter: \_\_\_\_\_

**By signature above, the Suite renter acknowledges responsibility for any damage to the Suite identified above and hereby authorizes the i wireless Center to charge the cost to repair any damage to the credit card listed above.**

Suite Rental Confirmed By: \_\_\_\_\_      Date: \_\_\_\_\_

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**Section 4.** (i wireless Center Office Use)

**Suite Rented:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_-\_\_\_\_\_

**Total tickets requested:** \_\_\_\_\_ @ \$\_\_\_\_\_/ticket. **Smart Card Balance:** \$\_\_\_\_\_

**Amount Due:** \$\_\_\_\_\_

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