

Executive Suite Rental Agreement – Single Event

Please complete this form and return to boxoffice@metrocentre.com, fax to (815) 968-5451 or mail to MetroCentre Premium Seating, attention Jena Keith, PO Box 437, Rockford IL, 61105. For more information contact the MetroCentre Premium Seating office at (815) 968-5600.

Event: Rockford Rampage Indoor Soccer
 Date: _____

Executive Suite 1 has 32 viewable seats, Executive Suite 10 has 42 viewable seats. All other suites have 18 viewable seats. Additional tickets to the suite can be purchased to accommodate slightly larger groups.

- 18 Seat Suite \$630
- 32 Seat Suite \$1120
- 42 Seat Suite \$1470

Number of additional Suite tickets @\$35 each _____

Name: _____

Company or Group: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Executive Suite Rental Terms and Conditions

1. Suite availability may not be determined until 7-10 days before an event. The MetroCentre will notify the contact above once availability is confirmed.
2. Pricing is based on a per suite rental cost. Each rental comes with 18, 32 or 42 tickets for entry to the event; additional tickets are available for purchase, however only the number of seats listed are guaranteed viewable. Prices are subject to change.
3. Full payment for the suite rental must be submitted with this request. Payment will be processed once the request is honored and the requester is contacted.
4. The responsible party for this agreement must be in attendance at the event.
5. Entry into the Executive Suite Level is limited to guests who have Executive Suite tickets.
6. Outside food or beverage is not permitted in the MetroCentre. Catering is available in advance by contacting the Centerplate Catering Manager at 815-968-4075. Beverage items and limited menu items may be ordered during the event.
7. The Executive Suite ticket holder agrees that all suite guests will comply with all MetroCentre conduct policies (see www.metrocentre.com for complete list) including compliance with the alcohol policy of the Rockford MetroCentre, City of Rockford and State of Illinois.
8. This request is non-transferrable.
9. The responsible party agrees to be financially responsible for the repair or replacement of any part of the Suite or its amenities, which are damaged during occupancy.

Credit Card # (VS, MC, DS): _____ Exp: _____

Three Digit Security Code Located on Back of Card: _____

Signature: _____

By signing this order form, the Suite renter agrees to the terms and conditions above, acknowledges responsibility for any damage to the Suite and hereby authorizes the MetroCentre to charge the cost of repair or any damage to the credit card listed above.

MetroCentre Office Use Only

Date order taken:
 Suite # Assigned:
 Account #:
 Total Tickets Requested:
 Price Per Ticket:
 Total Due: