



Permit # _____

21w730 Butterfield Rd Lombard, IL 60148 630-858-2229 FAX 630-858-2234

ROOM RENTAL AGREEMENT

Name: _____ Type of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____ Email: _____

FEES:

Activity Room

Resident: \$55 (per hour)

Non-resident: \$75 (per hour)

Gym

Resident: \$45 (per hour)

Non-resident: \$55 (per hour)

Rental Date(s): _____ Rental Time(s): _____ to _____

of Attendees: _____ # of Tables: _____ # of Chairs: _____

Note: You will have access to the facility 30 minutes prior to your rental time to set up.

RENTAL CONDITIONS:

Renter hereby agrees to read, understand and adhere to all rental conditions. If any rental conditions are not adhered to the Butterfield Park District has the authority to withhold the security deposit or cancel the event at our discretion:

1. Rental Agreements must be completed in full and signed by an adult (21 years or older) who assumes responsibility for the group and **MUST BE PRESENT DURING THE ENTIRE DURATION OF THE RENTAL.**
2. All rentals need to be reserved at least two weeks prior to the rental date. **Note:** Rentals are processed on a first-come, first-served basis.
3. Rental area will be left as clean as it was prior to the rental. Deposit will be retained for excessive clean-up cost.
4. No other facilities or property will be used other than that which is agreed upon in writing and paid for in advance.
5. **NO SMOKING OF ANY KIND, VAPING OR CHEWING TOBACCO** is allowed on or inside of any Park District property.
6. **NO ALCOHOL** shall be brought into or consumed on any Park District property. If this is violated, the rental will immediately cease, area will be cleaned, and property vacated. Sheriff's office will be called to assist if needed.
7. Renter agrees to pay for any damages to Park District property that occurs by guests.
8. Renter is responsible for any of the guests' actions.
9. Renter will arrive to set up no earlier than a half hour before the time stated and leave premises no later than the ending time stated.
10. **FEES MUST BE PAID IN FULL AT THE TIME OF RESERVATION.** No rentals will be reserved until payment is made.

Renter Date

Office Personnel Date

STAFF:	
Deposit: _____ (\$100 security deposit required)	Date Paid: _____
	Refunded: _____
Rental Fee: _____	Date Paid: _____

Total Fees	\$
CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/>	
CARD # _____	
EXP DATE _____	
V-CODE (last 3 digits on back) _____	
SIGNATURE _____	