



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:

- 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.
- Rental area will be left as clean as it was prior to the rental.
- No other facilities or property will be used other than that which is agreed upon in writing and paid for in advance.
- NO SMOKING OF ANY KIND, VAPING OR CHEWING TOBACCO** is allowed on or inside of any Park District property.
- 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.
- Renter agrees to pay for any damages to Park District property that occurs by guests.
- Renter is responsible for any of the guests' actions.
- Renter will arrive to set up no earlier than a half hour before the time stated above and leave premises no later than the ending time stated.
- FEES MUST BE PAID IN FULL ONE WEEK PRIOR TO THE RENTAL.** Failure to pay by the designated deadline will automatically result in cancellation. If you cancel within two days of rental date 50% of the payment will be refunded.

Renter Date

Office Personnel Date

STAFF:

Deposit: _____ Date Paid: _____
(\$100 security deposit required)

Refunded: _____

Rental Fee: _____ Date Paid: _____

Total Fees \$ _____

CASH CHECK VISA MASTERCARD DISCOVER

CARD # _____

EXP DATE _____

V-CODE (last 3 digits on back) _____

SIGNATURE _____