



Permit #  
\_\_\_\_\_

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

## AQUATICS CENTER RENTAL AGREEMENT

Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_ Email: \_\_\_\_\_

### FEES: (Private Rentals Saturday, and Sunday Nights Only from June 1-July 28)

Private Rental  7:15 – 8:45 pm

Resident: \$300  Non-Resident: \$350

Splash Party  12:00pm -2:00pm \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday

4:00pm-6:00pm \_\_\_\_\_ Tuesday or \_\_\_\_\_ Thursday

3:00pm-5:00pm \_\_\_\_\_ Saturday or \_\_\_\_\_ Sunday

\$60 Setup Fee + \$5 per entry payable at the door (no pool passes accepted)

Rental Date: \_\_\_\_\_ # Attendees: \_\_\_\_\_

### RENTAL CONDITIONS:

Renter hereby agrees to the following rental conditions:

1. All rentals need to be reserved at least two weeks prior to the rental date.
2. Rental area will be left as clean as it was prior to the rental.
3. No other facilities or property will be used other than that which is agreed upon in writing and paid for in advance.
4. All smoking will be outside the Park District building at the designated smoking area only.
5. **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.
6. Renter agrees to pay for any damages to Park District property that occurs during rental time by guests.
7. Renter is responsible for any of the guests' actions.
8. Renter will arrive to set-up no earlier than the time stated above and leave premises no later than the ending time stated.

**\*FEES MUST BE PAID ONE WEEK PRIOR TO THE RENTAL\***

\_\_\_\_\_  
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 \_\_\_\_\_