

PLEASANT DALE PARK DISTRICT FACILITY RENTAL AGREEMENT

7425 South Wolf Road, Burr Ridge 60527
Phone: 630-662-6220 Fax: 630-662-9239

Today's Date: _____ Rental Date: _____

Name: _____
Address: _____ City/Zip: _____
Phone: _____ Email: _____
Organization Name: _____

Facility/Area Requested (Circle):

INDOOR: (Hourly Rental) **Gym** ½ **Gym** **Activity Room** **Multipurpose Room**

OUTDOOR: (Hourly Rental) **Gazebo** **North Picnic Grove** **Yelnik Picnic Grove**

(2 Hour Slot) **Inline Skate (HOCKEY ONLY)** **Tennis Court 1 2 3** **Sand Volleyball** **Basketball 1 2**

Other: _____

Time of Rental: **Arrival** (Include set up): _____ **Departure** (Include clean up): _____
Estimated Attendance: _____ **Certificate of Insurance:** _____

TERMS OF RENTAL

All facility and picnic rentals require a deposit in the amount equal to one hour of the rental. Rentals over \$100 require a deposit of one half of the total rental fee. Deposit is due upon submittal of agreement and will be applied to your final balance. Any cancellation with less than a 2- week notice will result in a 50% refund of the deposit. Indoor rentals that are approved to take place outside of normal business hours will result in additional staff and custodian fees. Renter is responsible for any damages to Park property incurred during rental.

The Park does not move picnic tables to accommodate requests.

The **Rental Terms and Conditions of Facility Use** agreement has been signed and dated.

All vendors must provide a certificate of insurance naming Pleasant Dale Park District as certificate holder and as additional insured.

Please keep a copy of this rental agreement with you on the day of rental for proof of rental.

I have read rules, regulations and terms of rental for facility rentals with Pleasant Dale Park District and I agree to them.

Signature of Renter

Date

Office Use Only

Approved by: _____ Date: _____ Waiver Signed & Dated: _____

Taken By: _____ Set-up Request: Y N Maintenance Request: _____ COI: _____

Total Rental Fee: _____

Deposit : _____ Initials: _____ Date: _____

Cash Check# _____ Credit Card: _____ Exp Date: _____

Balance Due : _____ Date: _____ Initials: _____

Cash Check# _____ Credit Card: _____ Exp Date: _____