

APPLICATION AND PERMIT FOR PARK FACILITY USE

Requests must be submitted at least one week in advance of rental date.

(1) Date facility is requested for _____ to _____ (2) Time _____

(3) Specify day(s) of week requested _____

(4) Organization making request _____

(5) Person in charge making request _____ Home# _____ Cell # _____
 Address _____ City _____ State & Zip _____

(6) Briefly describe the activity _____

(7) Number of participants using facility _____

(8) Will food or beverages (non-alcoholic only) be served? Yes No [All food must be catered. No home made food.]

(9) Will there be an admission charge or other fee(s)? Yes No Amount \$ _____

(10) Please check facility/room requested:

<p>Deer Grove Leisure Center</p> <p><input type="checkbox"/> Willow</p> <p><input type="checkbox"/> Cedar/Birch</p> <p><input type="checkbox"/> Sycamore</p> <p><input type="checkbox"/> Maple/Elm</p> <p><input type="checkbox"/> Gym (East)</p> <p><input type="checkbox"/> Gym (West)</p> <p><input type="checkbox"/> Gym (Full)</p> <p><input type="checkbox"/> Kitchen (2nd Floor)</p> <p><input type="checkbox"/> Exercise Room</p> <p><input type="checkbox"/> Dance Studio</p> <p><input type="checkbox"/> Oak</p> <p><input type="checkbox"/> Hawthorne</p> <p><input type="checkbox"/> Spruce</p> <p><input type="checkbox"/> Hawthorne/Spruce</p> <p><input type="checkbox"/> Picnic Kit</p>	<p>PARKS</p> <p><input type="checkbox"/> Poplar</p> <p><input type="checkbox"/> Schuster</p> <p><input type="checkbox"/> Kremples</p> <p><input type="checkbox"/> Rose</p> <p><input type="checkbox"/> Woodcrest</p> <p><input type="checkbox"/> Lions</p> <p><input type="checkbox"/> Sunrise</p> <p><input type="checkbox"/> Sunset</p> <p><input type="checkbox"/> Veterans</p> <p><input type="checkbox"/> DiOrio (Baseball)</p> <p><input type="checkbox"/> DiOrio (Soccer)</p> <p><input type="checkbox"/> Kiwanis Shelter</p> <p><input type="checkbox"/> Water Park</p> <p><input type="checkbox"/> Golf Waters</p>
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Equipment Needed With Room

<input type="checkbox"/> Other _____	<input type="checkbox"/> Easel^
_____	<input type="checkbox"/> Chalkboard^
_____	<input type="checkbox"/> Coffee Pot*
_____	<input type="checkbox"/> TV/VCR*

^ \$5 charge
 * \$10 charge

(11) Will a particular set-up of furnishings or equipment be requested?

Yes No (If yes, please describe and/or make a diagram below)

The Park District is not responsible for providing equipment/services not requested.

(12) Organization/individual acceptance and agreement to adhere to Park District regulations.

(a) I have read the reverse side of this form and agree to adhere to regulations of the Bensenville Park District, and I hereby further agree that such regulations are an integral part of this application.

(b) It is understood that the total rental fee shall be \$ _____ Deposit _____ Balance Due _____

(c) **Alcoholic Beverages Are Prohibited in All Park District Parks and Facilities.**

(13) Applicant Signature _____ Date _____
 (Must be an authorized adult representative)

NO RESERVATION IS COMPLETE OR BINDING UNTIL FEE IS PAID
FINAL PAYMENT DUE ONE WEEK PRIOR TO RENTAL

FOR OFFICE USE ONLY

(14) Approved by _____ Title _____ Date _____

(15) Deposit Received Yes No Date Received _____ Payment Reference _____

(16) Final Payment Received Yes No Date Received _____ Payment Reference _____

BENSENVILLE PARK DISTRICT
1000 West Wood Street
Bensenville, Illinois 60106
(630) 766-7015

FACILITY MUST BE LEFT IN THE SAME
CONDITION AS IT WAS FOUND.