

APPLICATION AND PERMIT FOR PARK FACILITY USE

Facility Requests and full payment must be submitted at least one week in advance of rental date.

(1) Date Facility Requested For _____ to _____ (2) Time _____
Dates (if additional) _____ to _____ Time _____
Dates (if additional) _____ to _____ Time _____
(3) Specify day(s) of week requested _____
(4) Organization making request _____
(5) Person in charge making request _____ Home# _____ Cell # _____
Address _____ City _____ State & Zip _____
E-mail Address _____
(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:

Deer Grove Leisure Center	Parks
<input type="checkbox"/> Cedar/Birch	<input type="checkbox"/> Kiwanis Shelter
<input type="checkbox"/> Sycamore	<input type="checkbox"/> Water Park
<input type="checkbox"/> Maple/Elm	<input type="checkbox"/> Golf Waters
<input type="checkbox"/> Gym (East)	<input type="checkbox"/> Sunrise
<input type="checkbox"/> Gym (West)	<input type="checkbox"/> Sunset
<input type="checkbox"/> Gym (Full)	<input type="checkbox"/> Veterans
<input type="checkbox"/> Kitchen (2nd Floor)	<input type="checkbox"/> DiOrio (Baseball)
<input type="checkbox"/> Exercise Room	<input type="checkbox"/> DiOrio (Soccer)
<input type="checkbox"/> Dance Studio	
<input type="checkbox"/> Oak	
<input type="checkbox"/> Hawthorne/Spruce	
<input type="checkbox"/> Board Room	

Equipment Needed With Room

<input type="checkbox"/> Chalkboard (\$5) <input type="checkbox"/> TV/DVD Player (\$10) <input type="checkbox"/> Picnic Kit (\$20) <input type="checkbox"/> Other _____
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(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 FULL FEE IS PAID

FOR OFFICE USE ONLY

(14) Approved by _____ Title _____ Date _____
(15) Deposit Received Yes No Date Received _____ Payment Reference _____
Notes: _____

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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.
