

# MEDINAH PARK DISTRICT FACILITY RENTAL APPLICATION

NAME OF GROUP, ORGANIZATION OR INDIVIDUAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME) \_\_\_\_\_ WORK) \_\_\_\_\_ CELL) \_\_\_\_\_

PERSON IN CHARGE OF THE RENTAL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ ALTERNATE DATE: \_\_\_\_\_

HOURS: From: \_\_\_\_\_ AM / PM To: \_\_\_\_\_ AM / PM  
(The time stated must include set up and clean up. There will be a \$20/hour fee assessed for hours rented outside our normal operating hours.)

DESCRIPTION OF ACTIVITY: \_\_\_\_\_

EXPECTED ATTENDANCE: \_\_\_\_\_ ADULTS  
\_\_\_\_\_ CHILDREN

## FACILITY REQUESTED:

GYM (MAX 250) \_\_\_\_\_ WALNUT RM. (MAX 80) \_\_\_\_\_ OAK (MAX 20) \_\_\_\_\_ MAPLE RM. (MAX 40) \_\_\_\_\_

THORNDALE PARK OUTDOOR PAVILION \_\_\_\_\_ FIRE-PIT \_\_\_\_\_ CONNOLLY REC CENTER PATIO \_\_\_\_\_

BALLFIELDS/TENNIS COURTS (Specify field/court) \_\_\_\_\_ BALLFIELD LIGHTS (\$30/HOUR) \_\_\_\_\_

OTHER PARK (Please specify) \_\_\_\_\_

ARE REFRESHMENTS OR FOOD GOING TO BE SERVED? \_\_\_\_ Yes \_\_\_\_ No  
(Please describe)

## EQUIPMENT NEEDED:

# of chairs (indoor usage) \_\_\_\_\_ (75 max) # of tables (indoor usage) \_\_\_\_\_ (round 10, rectangle 12 max)

# of picnic tables (pavilion/patio) \_\_\_\_\_ (14 max) # of garbage cans (pavilion/patio) \_\_\_\_\_ (6 max)

DO YOU NEED USE OF THE KITCHEN? \_\_\_\_ Yes \_\_\_\_ No (\$15.00 CHARGE PER EVENT)

REFRIGERATOR? \_\_\_\_ Yes \_\_\_\_ No MICROWAVE? \_\_\_\_ Yes \_\_\_\_ No OVEN? \_\_\_\_ Yes \_\_\_\_ No

WILL THERE BE A REGISTRATION FEE, COLLECTION TAKEN OR CHARGE MADE?

\_\_\_\_ YES \_\_\_\_ NO

(PLEASE TURN OVER)

# FACILITY USE AGREEMENT – WAIVER & HOLD HARMLESS

We/I \_\_\_\_\_ (Name of renter or organization), agree to hold harmless the Medinah Park District, DuPage County, Illinois, the Board of Commissioners, its agents and employees; and to assume responsibility for, and to defend at our/my own expense all claims for damage to property and persons, including medical expense for injuries incurred and arising incidental to the use of the facility involved. It is further understood and agreed that the Medinah Park District assumes no obligation or responsibility in connection with the use of the facility. We/I further agree to assume all costs of damage (s) to the facility and/or its contents during the period of our/my authorized use of the facilities and as a result of such use of the facility and/or contents.

\_\_\_\_\_  
Signature of Representative                      Date    Signature of Superintendent                      Date

**SUBMITTING THIS RENTAL APPLICATION DOES NOT AUTOMATICALLY CONSTITUTE APPROVAL OF THE FACILITY, NOR TIME REQUESTED. PLEASE ALLOW FIVE WORKING DAYS FOR APPROVAL. ALL REQUESTS WILL BE REVIEWED AND ACCEPTED BASED ON: PARK POLICY, FACILITY AND STAFF AVAILABILITY.**

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## OFFICE USE ONLY

FACILITY/GROUNDS AVAILABLE:    \_\_\_ YES \_\_\_ NO

TOTAL RENTAL FEE CHARGED:       \$ \_\_\_\_\_

PAID: \_\_\_ YES \_\_\_ NO                      DATE: \_\_\_\_\_

CASH \_\_\_\_\_    CHECK # \_\_\_\_\_    CC \_\_\_\_\_

RESERVATION DEPOSIT PAID:       **\$20.00**

PAID: \_\_\_ YES \_\_\_ NO                      DATE: \_\_\_\_\_

CASH \_\_\_\_\_    CHECK # \_\_\_\_\_    CC \_\_\_\_\_

DAMAGE DEPOSIT PAID:            **\$75.00**

PAID: \_\_\_ YES \_\_\_ NO                      DATE: \_\_\_\_\_

CASH \_\_\_\_\_    CC \_\_\_\_\_

CERTIFICATE OF INSURANCE:       \_\_\_ YES \_\_\_ NO    \_\_\_ WAIVER SYSTEM    \_\_\_ NOT REQUIRED

RULES & REGULATIONS SIGNED:    \_\_\_ YES \_\_\_ NO

CALENDAR NOTICE SENT TO STAFF: \_\_\_ YES \_\_\_ NO