



PARK PLACE FAMILY RECREATION CENTER FACILITY RENTAL APPLICATION



INDIVIDUAL / ORGANIZATION REQUESTING RENTAL _____
Must be 21 years of age or older _____ (staff init.)

ADDRESS _____ CITY _____ ZIP CODE _____
Residency must be verified by staff _____ (staff init.)

CONTACT PERSON _____ PHONE NUMBER _____

EMAIL ADDRESS _____

TYPE OF FUNCTION _____ # OF PEOPLE _____

MEETING ROOMS _____ East OR West Room _____ Large (Both) _____ Senior Room Options: _____ Kitchen	GYMNASIUM _____ Half Court East Or West _____ Full Court	POOLS PARK PLACE _____ Lap Pool _____ Leisure Pool	GROUP SWIM RATE for PARK PLACE <i>(Renter Init.)</i> _____ YES Renter must complete additional Group Swim Rate form and pay deposit for first 15 guests today. _____ NO Note: Group rate option can NOT be added at a later date.
---	--	--	--

RENTAL DATE REQUESTED: _____

ROOM/GYM RENTAL START TIME* _____ POOL RENTAL START TIME* _____
*(Renter Init.) _____ *Time you will be given access to room; please include set-up time.*

ROOM/GYM RENTAL END TIME** _____ POOL RENTAL END TIME** _____
*(Renter Init.) _____ **Time you must be out of room; may not be extended day of rental.*

TOTAL DEPOSIT(S) DUE \$ _____ DEPOSIT PAID BY CASH / CHECK / VISA / MASTERCARD DATE PAID _____ CARD # _____ - _____ - _____ EXP DATE: _____	<table style="width: 100%;"> <tr> <td style="width: 60%;">ROOM RENTAL FEE (Min. 2 hrs)</td> <td style="width: 10%;">\$ _____ X _____</td> <td style="width: 30%;">(# hrs) = \$ _____</td> </tr> <tr> <td>KITCHEN RENTAL FEE</td> <td>\$ _____ X _____</td> <td>(# hrs) = \$ _____</td> </tr> <tr> <td>GYMNASIUM RENTAL FEE</td> <td>\$ _____ X _____</td> <td>(# hrs) = \$ _____</td> </tr> <tr> <td>POOL RENTAL FEE</td> <td>\$ _____ X _____</td> <td>(# hrs) = \$ _____</td> </tr> <tr> <td>OTHER (For Coordinators use)</td> <td>\$ _____ X _____</td> <td>(# hrs) = \$ _____</td> </tr> <tr> <td>TOTAL RENTAL FEE(S)</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: center;">*RENTAL FEE DUE DATE _____</td> </tr> </table>	ROOM RENTAL FEE (Min. 2 hrs)	\$ _____ X _____	(# hrs) = \$ _____	KITCHEN RENTAL FEE	\$ _____ X _____	(# hrs) = \$ _____	GYMNASIUM RENTAL FEE	\$ _____ X _____	(# hrs) = \$ _____	POOL RENTAL FEE	\$ _____ X _____	(# hrs) = \$ _____	OTHER (For Coordinators use)	\$ _____ X _____	(# hrs) = \$ _____	TOTAL RENTAL FEE(S)		\$ _____	*RENTAL FEE DUE DATE _____		
ROOM RENTAL FEE (Min. 2 hrs)	\$ _____ X _____	(# hrs) = \$ _____																				
KITCHEN RENTAL FEE	\$ _____ X _____	(# hrs) = \$ _____																				
GYMNASIUM RENTAL FEE	\$ _____ X _____	(# hrs) = \$ _____																				
POOL RENTAL FEE	\$ _____ X _____	(# hrs) = \$ _____																				
OTHER (For Coordinators use)	\$ _____ X _____	(# hrs) = \$ _____																				
TOTAL RENTAL FEE(S)		\$ _____																				
*RENTAL FEE DUE DATE _____																						

Renter Init. _____ *The TOTAL RENTAL FEE is due to the Streamwood Park District not less than seven (7) days prior to your rental. **If rental fees are not paid by due date a late fee will be charged or your rental may be cancelled.**

I have read the "FACILITY RENTAL POLICIES" attached to this application and understand, acknowledge and accept the conditions and responsibilities of the "Renter" as set forth therein regarding use of the facilities and conduct of the rental participants.

Signature _____ Print Name _____ Today's Date _____

Date Application & Deposit Rec'd:	By _____	Date Rental Approved:	By _____
Date Schedule Updated:	By _____	Date Managers Informed:	By _____
Date Full Payment Rec'd:	By _____	Date Custodian Informed:	By _____
Date Deposit Refunded:	By _____		



RENTAL CHECKLIST

RENTAL NAME: _____

RENTAL DATE: _____ RENTAL TIME: _____

ROOM ASSIGNED: _____

RENTAL SUPERVISOR ASSIGNED: Y / NA _____

To be completed by Rental Supervisor (or other Facility Staff Person):

Time In: _____ *Staff initials* _____ *"Renter's" initials* _____

Time Out: _____ *Staff initials* _____ *"Renter's" initials* _____

The following section should be completed by the Rental Supervisor or other staff member upon "Renter's" arrival and before their departure from the facility. If the facility is not checked upon arrival, it will be assumed by the Park District that each item was satisfactory at that time. It is solely the judgment of the Rental Supervisor or other staff member as to whether the inspection was performed to the Park District's satisfaction upon departure.

ROOMS	IN	OUT	COMMENTS
Tables & chairs clear of debris and/or damage	Y / N	Y / N	_____
Floor free of debris	Y / N	Y / N	_____
Garbage receptacles available/ Garbage placed in receptacles	Y / N	Y / N	_____
Decorations removed and disposed of		Y / N	_____
Doors secured (patio doors if applicable)	Y / N	Y / N	_____
Other _____	Y / N	Y / N	_____

KITCHEN	IN	OUT	COMMENTS
Counter top clean	Y / N	Y / N	_____
Sinks clean	Y / N	Y / N	_____
Garbage receptacles available/ Garbage placed in receptacles	Y / N	Y / N	_____
Refrigerator/Freezer clean Items Removed from Refrigerator/Freezer	Y / N	Y / N	_____
Floor free of debris/spills	Y / N	Y / N	_____