

EAST ALTON PARKS & RECREATION

FACILITY RENTAL APPLICATION

NAME: _____ ORGANIZATION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ WORK PHONE: _____

DATE OF RENTAL: _____ TYPE OF FUNCTION: _____

ROOM(S) REQUESTED: _____

TOTAL TIME OF RENTAL: START: _____ FINISH: _____

**** (TOTAL RENTAL TIME MUST INCLUDE SET UP, PROGRAM TIME AND CLEAN UP). No one from the rental will be allowed in the facility prior to the above start time and must have the facility cleaned up by the finish time. If additional time is needed the applicant will be charged for the time of use.**

EQUIPMENT REQUESTS CHAIRS: _____
(MAXIMUM FOR CHAIRS 200)

TABLES: _____
(MAXIMUM FOR TABLES 25)

RENTAL DEPOSIT: **\$50** DATE PAID: _____

**** (HELD WITH APPLICATION FOR ANY CLEAN UP NOT DONE OR ANY DAMAGES TO FACILITY AND/OR EQUIPMENT. THE RENTER WILL BE RESPONSIBLE TO COVER ANY ADDITIONAL COST WHICH THIS DEPOSIT DOES NOT COVER.)**

RENTAL FEE: _____ DATE PAID: _____

**** (FEE BASED ON TOTAL TIME ROOM IS OCCUPIED FROM SET TO CLEAN UP)**

I, THE USER/RENTAL APPLICANT OF THE ABOVE NAMED FACILITY, AGREE TO THE FOLLOWING RESPONSIBILITIES:

1. To assume responsibility for any and all damages to the facility and/or equipment. Make restitution within 30 days of rental.
2. To supervise and maintain proper conduct during rental.
3. All guest/participants participate at their own risk. The Village of East Alton assumes no responsibility for any loss or damage that may occur.
4. No alcoholic beverages allowed on property or within facility. No smoking in or within 15' of the building.
5. Facility must be left as it was found or in better condition.
6. Notify the recreation department NO LESS THAN a week (7days) for any cancellation or **deposit will be forfeited.**
7. Rental fee must be paid in full one week prior to rental date. **(\$10 late fee will be added)**
8. **Your guest/participants may not enter the facility prior to your rental time, or additional fees will be added. Participants must use only rooms that are included in your rental.**
9. \$50 Rental deposit must be paid at time of the application, which is held with application to ensure the above guidelines are followed. If COMPLIES WITH ABOVE GUIDELINES, deposit can be mailed or picked up the following week day (Monday-Friday).

SIGNATURE OF APPLICANT

DATE

_____ Applicant initial ***I understand that I can NOT enter the facility for set up prior to the above start time of rental.**

_____ Applicant initial ***I understand that I have to have the facility cleaned up and put back as found by finish time.**

_____ Applicant initial ***I understand that I will have to pay additional fees for any extra time of facility use than listed above.**

OFFICE USE ONLY:

APPROVED BY: _____ DATE CONTRACT MAILED: ____/____/____

RENTAL FEE: _____ FEE DEADLINE: _____

****RENTAL FEE MUST BE PAID IN FULL BY DEADLINE OR A \$10 LATE FEE WILL BE ADDED TO RENTAL FEES.**

****ANY RENTAL CANCELLED LESS THAN WEEK PRIOR TO RENTAL DATE, DEPOSIT WILL NOT BE REFUNDED.**