

Vaughan Athletic Center

Rental Request Form



2121 W. Indian Trail Road, Aurora, IL 60506 • Phone: 630-907-9600 • Fax: 630-907-9661 • foxvalleyparkdistrict.org

RENTAL INFORMATION

Today's Date _____

Rental Request Day(s): M Tu W Th F Sa Su Month _____ Date _____ Year _____
 Time(s) _____ a.m. / p.m. to _____ a.m. / p.m.

Room Number(s) _____

CONTACT INFORMATION

Contact Name* _____ Organization Name _____

Contact Address _____ City _____ ZIP _____

Contact Phone Number _____ Cell _____ Fax _____

Email _____

Alternate Contact Name _____ Phone _____ Cell _____

*Contact must be present during rental.

EVENT INFORMATION

ROOM REQUEST

- | | | | | |
|--|---|------------------|----------------|-----------------|
| <input type="checkbox"/> Multi-purpose Room (select one) | <input type="checkbox"/> 100 <input type="checkbox"/> 300 <input type="checkbox"/> 300E <input type="checkbox"/> 300W | # of Hours _____ | Fee/Hour _____ | Total Fee _____ |
| <input type="checkbox"/> Field House (select one) | <input type="checkbox"/> Entire Field House <input type="checkbox"/> Court 1 <input type="checkbox"/> Court 2 <input type="checkbox"/> Court 3 <input type="checkbox"/> Court 4 | # of Hours _____ | Fee/Hour _____ | Total Fee _____ |
| <input type="checkbox"/> Track (does not include court use) | | # of Hours _____ | Fee/Hour _____ | Total Fee _____ |
| <input type="checkbox"/> Batting Cages (select all that apply) | <input type="checkbox"/> Baseball or <input type="checkbox"/> Softball # of Cages _____ (up to two) | # of Hours _____ | Fee/Hour _____ | Total Fee _____ |
| <input type="checkbox"/> Competition Pool – Number of lanes requested _____ (up to 8) | | # of Hours _____ | Fee/Hour _____ | Total Fee _____ |
| <input type="checkbox"/> Leisure Pool | | # of Hours _____ | Fee/Hour _____ | Total Fee _____ |
| <input type="checkbox"/> Indoor Playhouse Private Function (subject to hours and availability) | | # of Hours _____ | Fee/Hour _____ | Total Fee _____ |

EVENT DETAILS

Type of Event _____

Purpose of Event _____

Frequency of Event One-time Weekly Monthly Other (please specify) _____

Additional Requested Dates _____

Maximum Expected Attendance** _____ Average Age of Attendees _____

**Events with 200+ people require FVPD police supervision at an additional fee.

EVENT DETAILS

THE FOLLOWING DETAILS REQUIRE OFFICE COORDINATOR OR FACILITY MANAGER'S APPROVAL

- | | |
|---|---|
| <input type="checkbox"/> Admissions charged – Amount \$ _____ | <input type="checkbox"/> Live music or amplified sound (DJ, Band, Acoustic, Amplified)
Requires a Certificate of Insurance showing FVPD as additionally insured for \$1 million. FVPD police supervision (\$35 per officer, per hour) may be required. |
| <input type="checkbox"/> Donations received – Please explain donation purpose

_____ | <input type="checkbox"/> Mechanical or inflatable amusement devices
FVPD approved vendors only (list vendor here)
_____ |
| <input type="checkbox"/> Concessions sold | <input type="checkbox"/> Distribution of food and/or beverage for a fee or fundraiser |
| <input type="checkbox"/> Lighted Candles | |
| <input type="checkbox"/> Food catered – Name of caterer _____
Caterer must provide a Certificate of Insurance and a Health Department License. | |

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EVENT NEEDS

RENTAL FEE INCLUDES 1/2 HOUR SET UP BEFORE & 1/2 HOUR CLEAN UP AFTER

Tables and Chairs

- 8 ft. tables Quantity _____
- 6 ft. tables Quantity _____
- Chairs Quantity _____

Food Needs

- *Items may not be available at time of rental
- Refrigerator*
 - Stove*
 - Sink*
 - Microwave*

Additional Rental Items – \$10 each

- Dry Erase Board / Stand / Markers / Eraser
- TV / DVD / VCR
- Microphone
- Podium
- Overhead Projector / Screen

ACKNOWLEDGEMENT OF RENTAL REQUEST POLICY

I certify that all of the information provided on this form is true and correct. I understand that Fox Valley Park District officials may verify this information, and that misrepresentation of the information may result in the denial of a rental or additional fees.

CONTACT SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

REQUEST FORM RECEIVED

Day: M Tu W Th F Sa Su Month _____ Date _____ Year _____

Entered by _____ Date _____

EVENT DETAILS

Date of Event Day: M Tu W Th F Sa Su Month _____ Date _____ Year _____

FVPD Police Requested / N/A

Special Event Request for Fox Valley Park District Police Supervision – **For FVPD police supervision, please fax entire rental request to 630-264-7422.**

This request should be submitted by the 15th of the month prior to the event date. Fee for FVPD police supervision is \$35 per officer, per hour.

Number of officers requested _____ Number of event supervision hours requested _____

Officer service requested Patrol Traffic Control Money Handling / Supervision Other (please describe) _____

Received by Police Chief or Designate Signature _____ Date _____

Caterer Health Permit Received / N/A

Waivers Received / N/A

Certificate of Insurance Received / N/A

Licensing and Dram Shop Documents Received / N/A

RENTAL FEES

- Rental Room Fee \$ _____
- + Rental Deposit \$ _____
- + Additional Needs \$ _____
- + Police Supervision \$ _____
- + Additional Attendant = \$ _____

TOTAL RENTAL COST	\$	
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Deposit Paid \$ _____	Date _____
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Check One:	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Cardholder Name _____				
Card # _____ - _____ - _____ - _____			Expiration Date ____/____	

Remaining Balance Paid \$ _____	Date _____
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Check One:	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Cardholder Name _____				
Card # _____ - _____ - _____ - _____			Expiration Date ____/____	

FACILITY MANAGER / OFFICE COORDINATOR EVENT DETAILS APPROVAL

APPROVED DECLINED If declined, please explain _____

FACILITY MANAGER / OFFICE COORDINATOR SIGNATURE _____ **DATE** _____