

Rental Request Form

150 W. Illinois Ave., Aurora, IL 60506 • Phone: 630-859-8606 • 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

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 may require FVPD police supervision at an additional fee.

EVENT DETAILS

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

Admissions charged – Amount \$ _____

Donations received – Please explain donation purpose

Alcohol served – Alcohol can only be served by a licensed concessionaire who possesses all required licensing and dram shop insurance. FVPD police supervision (\$35 per officer, per hour) is required. Additional non-refundable deposit of \$150.

Concessions sold

Lighted Candles

Food catered – Name of caterer _____
Caterer must provide a Certificate of Insurance and a Health Department License.

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.

Mechanical or inflatable amusement devices
FVPD approved vendors only (list vendor here)

Distribution of food and/or beverage for a fee or fundraiser

EVENT NEEDS

Tables and Chairs

8 ft. tables Quantity _____

4 ft. tables Quantity _____

Chairs Quantity _____

Food Needs

Refrigerator (Rooms 102, 103, 104)

Stove (Rooms 103, 104)

Sink (Rooms 102, 103, 104)

Microwave (Rooms 102, 103, 104)

100-cup coffee pot
(coffee and cups not included)

Technology Needs

On-site IT support (\$50/hr)

Support needed: _____

Time requested: _____

Additional Rental Items – \$25 each

Microphone

Overhead projector / screen

Podium

Round tables (\$10 each)

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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 _____

IT Support needed Time Requested: _____ Support Needed: _____

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

RENTAL FEES

Rental Room Fee \$ _____

+ Rental Deposit \$ _____

+ Additional Needs \$ _____

+ Police Supervision \$ _____

+ Additional Attendant = \$ _____

TOTAL RENTAL COST \$ _____

Deposit Paid \$ _____	Date _____
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Check One: Cash Check # _____ Visa MasterCard Discover

Remaining Balance Paid \$ _____	Date _____
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Check One: Cash Check # _____ Visa MasterCard Discover

FACILITY MANAGER / OFFICE COORDINATOR EVENT DETAILS APPROVAL

APPROVED DECLINED If declined, please explain _____

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