PRISCO COMMUNITY CENTER

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 $ __________________________

☐ Food catered – Name of caterer __________________________

☐ 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 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)
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 = $ ____________

Deposit Paid $ ____________ Date ____________

Check One: ☐ Cash ☐ Check # ____________ ☐ Visa ☐ MasterCard ☐ Discover

Remaining Balance Paid $ ____________ Date ____________

Check One: ☐ Cash ☐ Check # ____________ ☐ Visa ☐ MasterCard ☐ Discover

TOTAL RENTAL COST $ ____________

FACILITY MANAGER / OFFICE COORDINATOR EVENT DETAILS APPROVAL

☐ APPROVED ☐ DECLINED If declined, please explain __________________________________________________________________________

FACILITY MANAGER / OFFICE COORDINATOR SIGNATURE ___________________________ DATE ___________________________