

# Rental Request Form

2121 W. Indian Trail Road, Aurora, IL 60506 • Phone: 630-907-9600 • [foxvalleyparkdistrict.org](http://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 will 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)<br>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<br>_____<br>_____   | <input type="checkbox"/> Mechanical or inflatable amusement devices<br>FVPD approved vendors only (list vendor here)<br>_____   |
| <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 _____<br>Caterer must provide a Certificate of Insurance and a Health Department License. |   |

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## EVENT NEEDS

### Tables and Chairs

- 8 ft. tables    Quantity \_\_\_\_\_
- Chairs            Quantity \_\_\_\_\_

### Food Needs

- Items may not be available
- Refrigerator
  - Sink
  - Microwave

### Technology Needs

- On-site IT support (\$50/hr)
- Support needed: \_\_\_\_\_  
 \_\_\_\_\_  
 Time requested: \_\_\_\_\_  
 \_\_\_\_\_

### Additional Rental Items – \$25 each

- Microphone
- Overhead Projector / Screen
- Podium

## 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

Licensing and Dram Shop Documents Received /  N/A

### RENTAL FEES

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

**TOTAL RENTAL COST**        \$ \_\_\_\_\_

Deposit Paid \$ _____	Date _____
Check One: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Remaining Balance Paid \$ _____	Date _____
Check One: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	

## FACILITY MANAGER / OFFICE COORDINATOR EVENT DETAILS APPROVAL

APPROVED     DECLINED    If declined, please explain \_\_\_\_\_

**FACILITY MANAGER / OFFICE COORDINATOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_