



WINFIELD PARK DISTRICT

Community & Recreation Room Rental Request Form

Contact Information

Contact Name*: _____ Organization: _____

**Contact must be present for entire duration of rental.*

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Rental Information

Date(s): _____ Event Type: _____

Start Time: _____ End Time: _____ (Please include set-up/clean-up time requested)

Anticipated Attendance: _____ Food Catered* Entertainer*

Are you serving alcohol during your rental? Yes* No (If yes, Special Use Permit must be completed.)

**Certificate of Insurance and other documentation may be required*

Room	Resident Fee	Non-Resident Fee
___ Community Room (capacity 50)	(M-Th) \$35/hour (F-Su) \$50/hour	(M-Th) \$45/hour (F-Su) \$65/hour
___ Recreation Room (capacity 50)	(M-Th) \$35/hour (F-Su) \$50/hour	(M-Th) \$45/hour (F-Su) \$65/hour
___ Community & Recreation Room (capacity 100)	(M-Th) \$60/hour (F-Su) \$80/hour	(M-Th) \$80/hour (F-Su) \$105/hour
___ Kitchen (w/Community or C&R Room only) -use of refrigerator/freezer, microwave, food warming cabinet, sinks, and counter space only.*	\$25 flat fee	\$35 flat fee

**Certified Food Protection Manager Certificate and Certificate of Insurance are required for the use of stove and ovens.*

\$200 Refundable Security/Damage deposit is required at the time of rental approval. (Add'l \$300 for alcohol)

Tables and Chairs

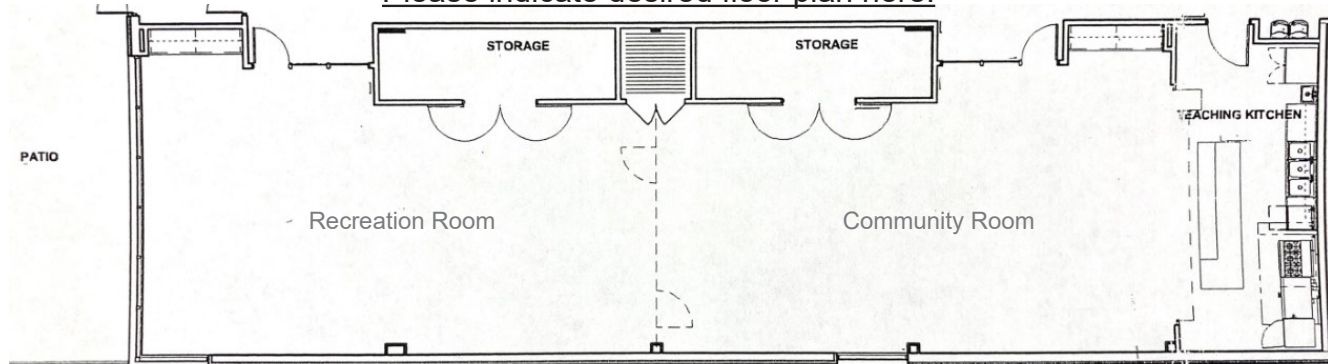
___ 5' round (seat 6-7) ___ 6' rectangle (seat 6) ___ Chairs (100 max)

Quantity: _____ (16 max) Quantity: _____ (14 max) Quantity: _____

___ 3' square (seat 4) ___ 8' rectangle (seat 8) ___ Projector/Screen
(Recreation Room)

Quantity: _____ (11 max) Quantity: _____ (6 max)

Please indicate desired floor plan here.



WINFIELD PARK DISTRICT

Community & Recreation Room

Rental Request Form

Waiver and Release of all Claims

I/We understand that I/we are subject to all laws of the State of Illinois, Village of Winfield, and to Winfield Park District ordinances, and that no activities in violation of such laws or ordinances shall be permitted on subject premises during the lease or use thereof.

I/We hereby agree to use Winfield Park District facilities in accordance with regular park district policies and regulations, and agree to the charges incurred if any.

As a user of Winfield Park District facilities, I recognize and acknowledge that there are certain risks of physical injury, and I and those in my charge agree to assume the full risk of any injuries, including death, damages or loss which I and those in my charge may sustain as a result of participating in any and all activities connected with or associated with such use of park district facilities. I agree to waive and relinquish all claims that I and those in my charge may have as a result of use of this park district facility against the park district and its officers, agents, servants, and employees.

I do hereby release and discharge the park district and its officers, agents, servants, and employees from any and all claims for injuries, including death, damage or loss, which I and those in my charge may have, or which may occur to us on account of our participation in the use of the park district facilities.

I further agree to indemnify and hold harmless and defend the park district and its officers, agents, servants, and employees from any and all losses sustained from injuries, including death, damages, and losses sustained by me and those in my charge and arising out of, connected with or in any way associated with the activities in the use of park district facilities. I have read and fully understand the above use of park district facilities and Waiver and Release of all claims.

SIGNATURE

DATE

I have read the Winfield Park District's policies and guidelines and agree to abide by them or risk forfeiture of our facility rental and/ or security deposit. As authorized representative of the above-named group/organization, I hereby request the use of park facilities as indicated and agree to the fulfillment of regulations and payments governing the use of these facilities as outlined in the policies and guidelines. As authorized representative of above-named group/organization, I agree to personally coordinate and supervise the use of the facility to include set-up, deliveries, and cleanup.

SIGNATURE

DATE

For Office Use Only

Approved by _____ Date _____

Rental Fee \$ _____

Cash ___ Check ___ Charge ___ Date Paid: _____ Processed by: _____

Deposit Fee \$ _____

Cash ___ Check ___ Charge ___ Date Paid: _____ Processed by: _____

Alcohol Deposit Fee \$ _____

Cash ___ Check ___ Charge ___ Date Paid: _____ Processed by: _____

Certificate of Insurance Recieved: Caterer _____ Entertainer _____ Liquor Liability _____

Chaperone BASSET Certification Verified: # _____ # _____

Reservation # _____ Deposit Amount Returned : _____ Date processed: _____