



Permit #

21w730 Butterfield Rd Lombard, IL 60148 630-858-2229 FAX 630-858-2234

AQUATICS CENTER RENTAL AGREEMENT

Name: _____ Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____ Email: _____

FEES: (Private Rentals Saturday, and Sunday Nights Only)

Private Rental 5:30 – 7:15 pm

Resident: \$300 Non-Resident: \$350

Splash Party 12:00pm -2:00pm _____ Tuesday _____ Wednesday _____ Thursday

4:00pm-6:00pm _____ Tuesday or _____ Thursday

3:00pm-5:00pm _____ Saturday or _____ Sunday

\$60 Setup Fee + \$5 per entry payable at the door (no pool passes accepted)

Rental Date: _____ # Attendees: _____

RENTAL CONDITIONS:

Renter hereby agrees to the following rental conditions:

1. All rentals need to be reserved at least two weeks prior to the rental date.
2. Rental area will be left as clean as it was prior to the rental.
3. No other facilities or property will be used other than that which is agreed upon in writing and paid for in advance.
4. All smoking will be outside the Park District building at the designated smoking area only.
5. **NO ALCOHOL** shall be brought into or consumed on any Park District property. If this is violated, the rental will immediately cease, area will be cleaned, and property vacated. Sheriff's office will be called to assist if needed.
6. Renter agrees to pay for any damages to Park District property that occurs during rental time by guests.
7. Renter is responsible for any of the guests' actions.
8. Renter will arrive to set-up no earlier than the time stated above and leave premises no later than the ending time stated.

FEES MUST BE PAID ONE WEEK PRIOR TO THE RENTAL

Renter Date

Office Personnel Date

STAFF:

Deposit: _____ Date Paid: _____
(\$100 security deposit required)

Refunded: _____

Rental Fee: _____ Date Paid: _____

Total Fees	\$
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CASH CHECK VISA MASTERCARD DISCOVER

CARD # _____

EXP DATE _____

V-CODE (last 3 digits on back) _____

SIGNATURE _____