

21w730 Butterfield Rd Lombard, IL 60148

630-858-2229

FAX 630-858-2234

Permit#

PAVILION RENTAL AGREEMENT

N	Name:Group Name:								
A						·			
Ci	ty:						State:	Zip:	
					Email:				
		100 Se Glen Bria	ecurity Deposit or Pavilion Resident: \$40/Hour	Require	d & Minia gton Park Pav	mum of	4 Hours):	n Park Pavil	ion
			NR: \$80/Hour		NR: \$80/Ho	-		Resident: \$ NR: \$80/H	•
	Cornhole		ncks (\$50 securi		sit requir Sports Package	'ed):	Ping Pong *Hoffman Park O		
Rei	ntal Date:_		Start Time:		Fnd '	Time	#.	of Guesta	
RI Rer	ENTAL ter hereby the author Rental Agre (21 years o pay for any responsible DURING TH	agrees to reity to withh eements must older) who of damages to effor any of the eements be reed to be reed to be reed to be reed to be reed.	served at least two weeks prior processed on a first-come, first	exit as needed e to all rental of ancel the even ed by an adult group, agrees to urs by guests, is E PRESENT nitials to the rental	with a wristbar conditions. If any at at our discreti	y rental condi- con: Butterfield F related incid for personal the premise- injuries, illne- sustain as a release the E or judgment	guests be using the itions are not adherent adherent adherent at the Butterfield injuries sustained dues and User hereby agresses, damages or loss, result of this Agreeme	pool? ed to the Butte ssume any liab Park District pr to COVID - 19 tes to assume t regardless of s nt. User further from any and r might sustain	PES NO Interfield Park District Illity for any COVID – 19 reperty or facilities, or during User's use of the full risk of any everity, that User may agrees to waive and all losses, claims, suits as a result of any and
									Initials
	be retained	for excessive		nitials	B	property. If t	L shall be brought into his is violated, the rent	al will immedia	n any Park District tely cease, area wil!
•	No other fac agreed upon	cilities or pro n in writing a	pperty will be used other than the paid for in advance. In	nat which is itials		be cleaned, and property vacated. Sheriff's office will be called to assist it needed. Initials			
	allowed on the user acl	or inside of a	that they have read and under	stand the IDPH	9.	required to s	pon nature of the activ ubmit certificate of ins ed as additionally insur	urance with the	Butterfield Park
i	and CDC Gu abide by the Order from failure to ab	idelines for t ese guideline the Governo ide by these	the type of activity in question is, as well as stipulations within or County. The user further use guidelines will result in loss of	and agree to an Executive inderstands that rental	10.	Renter will ar stated and le	rive to set up no earlie ave premises no later t	r than a haif ho han the ending	ur before the time time stated.
	please click	here https://	nd rental fees paid. For more in /www.cdc.gov/ Initi		11.		E PAID IN FULL AT THE when payment is made		RVATION. Rentals will

Renter	Date	Office Personnel	Date
,			
Total Fees \$			
CASH CHECK VISA MASTERCARD	DISCOVER 🗖		
CARD #			
-			
EXP DATE			
EXI DATE	-		
V CODE (1			
V-CODE (last 3 digits on back)	-		
SIGNATURE	-		
)			
STAFF:			
STAFF.			
Deposit:	Data Baid		
	Date Palu		
(100 Security deposit required)			
	Refunded:		
	ncranaea		
Rental Fee:	Date Paid:		
	-		1