



Permit # _____

21W730 Butterfield Rd Lombard, IL 60148 630-858-2229 butterfieldpd.com

Pavilion Rental Agreement

Name: _____ Type of Event: _____

Address: _____

City: _____ State: _____ Zip: _____

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

FEES: \$100 security deposit and a minimum 4-hour rental time is required.

The resident rate is \$40 per hour. The non-resident rate is \$80 per hour.

Glen Briar Pavilion

Montgomery Park

Hoffman Park

Rental Date: _____ Start Time: _____ End Time: _____ # of Guests: _____

For Glen Briar Pavilion Only: The pool will be open to the public during regular pool hours. This may impact your event in parking, park congestion, and noise level. Your guests are welcome to utilize the pool if they choose by paying the reduced rate of \$5 per person at the pool desk. Wristbands can be pre-purchased prior to the rental. Guests may enter and exit as needed with a wristband. Will your guests be using the pool? YES NO

RENTAL CONDITIONS:

Renter hereby agrees to read, understand, and adhere to all rental conditions. If any rental conditions are not adhered to the Butterfield Park District has the authority to withhold the security deposit or cancel the event at our discretion:

- Rental Agreements must be completed in full and signed by an adult (21 years or older) who assumes responsibility for the group, agrees to pay for any damages to Park District property that occurs by guests, is responsible for any of the guests' actions and **MUST BE PRESENT DURING THE ENTIRE DURATION OF THE RENTAL.** *Initials* _____
- All rentals need to be reserved at least two weeks prior to the rental date. **Note:** Rentals are processed on a first-come, first-served basis. *Initials* _____
- The rental area will be left as clean as it was prior to the rental. The security deposit will be retained for excessive clean-up. *Initials* _____
- No other facilities or property will be used other than that which is agreed upon in writing and paid for in advance. *Initials* _____
- NO SMOKING OF ANY KIND, VAPING OR CHEWING TOBACCO** is allowed on or inside any Park District property. *Initials* _____
- Butterfield Park District does not assume liability for any injuries, illnesses, damages, or loss, regardless of severity, that user may sustain because of this Agreement. User further agrees to waive and release the Butterfield Park District from any and all losses, claims, suits, judgments, or damages that user might sustain because of any and all activities connected with or associated with this Agreement. *Initials* _____
- 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. The sheriff's office will be called to assist if needed and your deposit will be forfeited. *Initials* _____
- Depending upon the nature of the activity, individuals/groups may be required to submit a certificate of insurance with the Butterfield Park District named as additionally insured for not less than \$1,000,000 per occurrence. *Initials* _____
- Renter will arrive to set up no earlier than 15 minutes before the time stated and leave premises no later than the ending time stated. *Initials* _____
- ALL FEES AND SECURITY DEPOSIT MUST BE PAID IN FULL AT THE TIME OF RESERVATION.** Facilities will be reserved when payment is made. *Initials* _____

Signature and payment information on the back side

Renter _____

Date _____

Office Personnel _____

Date _____

Total Fees	\$
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CASH CHECK VISA MASTERCARD DISCOVER

CARD # _____

EXP DATE _____

V-CODE (last three digits on back) _____

SIGNATURE _____

Your billing receipt will show an Active Net processing fee. The fee has been initiated by Active Net, and the Butterfield Park District does not receive any of these funds. We will continue to absorb the transaction fees initiated by using your credit card. Payment by cash or check will not incur the processing fee.

STAFF:

Deposit: _____

Date Paid: _____

\$100 Refundable
Security Deposit

Date Refunded: _____

Rental Fee: _____

Date Paid: _____