

EAST ALTON PARKS & RECREATION

FACILITY RENTAL APPLICATION

NAME _____ PHONE _____

ORGANIZATION _____

ADDRESS _____

DATE OF RENTAL _____ (Include day of week)

ROOM(S) REQUESTED _____

TYPE OF FUNCTION _____

EQUIPMENT REQUEST: *Chair max. is 200; table max is 25

CHAIRS _____ TABLES _____

TOTAL TIME OF USE: FROM _____ TO _____

*Total hours used includes decoration and clean up.

RENTAL DEPOSIT **\$50** DATE PAID _____

RENTAL FEE _____ DATE PAID _____

I, the user of the above named facility, agree to the following responsibilities:

1. To assume responsibility for any damages, and make restitution within thirty days of rental.
2. To supervise and maintain proper conduct during rental.
3. All Participants participate at their own risk. The East Alton Recreation Department assumes no responsibility for any loss or damage that may occur.
4. No alcoholic beverages on property. No smoking.
5. Facility must be left as it was found or in better condition.
6. Notify the Recreation Department within 24 hours of cancellation of a rental.
7. Fee must be paid in full one week prior to rental date.
8. You or your party may not enter and use the facility until the above time. If facility is used, additional fees will be added.
9. (\$50.00) Rental deposit will be paid at time of application and separate from fee and refunded next working day upon facility inspections with staff to ensure building was left in good condition

****APPLICANTS WILL BE MAILED A COPY OF THIS AGREEMENT UPON APPROVAL WITH RENTAL FEE AND DUE DATE.**

SIGNATURE OF APPLICANT

Please return to:
Keasler Complex
615 Third Street
East Alton, IL 62024

For more information contact Parks & Recreation at (618) 259-7411.

OFFICE USE ONLY

APPROVED _____ BY _____ MAILED ____/____/____

NOTES: FEE\$ _____ DUE BY: _____

*If rental fee is not paid in full by above date, rental will be removed from the rental calendar and deposit will not be refunded.