

EAST ALTON PARKS & RECREATION

FACILITY RENTAL APPLICATION

NAME _____ ORGANIZATION _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
PHONE _____ EMAIL _____
DATE OF RENTAL _____ TYPE OF FUCTION _____ ROOM(S) REQUESTED _____
TOTAL TIME OF RENTAL: START _____ FINISH _____

**** (TOTAL RENTAL TIME MUST INCLUDE SET UP. PROGRAM TIME & CLEAN UP) No one from the rental will be allowed in facility prior to the above start time and must have the facility cleaned up by the finish time. If the additional time is needed the applicant will be charged for the time used.**

EQUIPMENT REUEST: CHAIRS _____ (Max 150) TABLES _____ (Max 25)

COPY OF DRIVERS LICNSE OR ID (EMPOLYEE CHECK BOX)

RRENTAL DEPOSIT \$100 _____ DATE PAID _____

**** (HELD WITH APPLICATION FOR ANY CLEAN UP NOT DONE OR ANY DAMAGES TO FACILITY AND/OR EQUIPMENT. THE RENTER WILL BE RESPONSIBLE TO COVER ANY ADDITIONAL COST WHICH THIS DEPOSIT DOES NOT COVER.)**

RENTAL FEE _____ DATE PAID _____

**** (FEES BASED ON TOTAL TIME room is occupied from set to clean-up)**

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

1. To assume responsibility for any and all damages to the facility and /or equipment. Make restitutions within 30 days of rental.
2. To supervise and maintain proper conduct during rental.
3. All guest/ participants participate at their own risk. The Village of East Alton assumes no responsibility for any lost of damage that may occur.
4. NO ALCOHOLIC beverages allowed on property or within facility. NO smoking or vaping in or within 15 feet of the building. Nopossession of cannabis.
5. Facility must be left as it was found or in better condition. Tables and chairs are in the rentals responsibility for set-up and tear-down.
6. Notify the recreation department NP LESS THAN a week (7 days) for any cancellation or deposit will be forfeited.
7. Rental fee must be paid in full two weeks prior to the rental date. (\$10 late fee will be added)
8. Your guest/participants may not enter the facility prior to your rental time, or additional fees will be added. Participants must use only rooms that are included in your rental.
9. \$100 Rental Deposit Must be paid at time of the application, which is held with application to the ensure the above guidelines are followed . If COM-PLIES WITH ABOVE GUDELINES< deposit can be picked up the following week day, after inspection (Monday-Friday).

X _____ X _____

SIGNATURE OF APPLICANT

DATE

X _____ Applicant Initial *I understand that I cannot enter the facility for set up prior to the above start of rental.

X _____ Applicant Initial *I understand that I have to have the facility cleaned up and put back as found by finish time.

X _____ Applicant Initial *I understand that I will have to pay the additional fees for any extra time of facility use than listed above.

Office Use Only:

APPROVED BY _____ DATE CONTRACT MAILED _____/_____/____

RENTAL FEE _____ FEE DEADLINE _____

****RENTAL FEE MUST BE PAID IN FULL BY DEADLINE OR \$10 LATE FEE WILL BE ADDED TO RENTAL FEES.**

****ANY RENTAL CANCELLED LESS THAN ONE WEEK PRIOR TO RENTAL DATE DEPOSIT WILL NOT BE REFUNDED.**