



# Vernon Hills Park District Century Park Pavilion Facility Rental Request Form

Renter's Name/Organization \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please initial one of the following:**

\_\_\_\_ I am personally hosting and responsible for this rental and will be present during the entire rental period.

\_\_\_\_ I am making this reservation for an organization or company function and will be present during the entire rental. If a company or organization, please attach letter on letterhead signed by authorized official.

### EVENT INFORMATION

Date Requested \_\_\_\_\_ Number of Guests \_\_\_\_\_

Event Purpose \_\_\_\_\_

Set-Up Start Time \_\_\_\_\_ Event Time \_\_\_\_\_ Clean-Up End Time \_\_\_\_\_

Total Rental Time \_\_\_\_\_ - \_\_\_\_\_ Number of rental hours: \_\_\_\_\_

*(Set-up/clean-up time for your rental MUST be included your total rental time)*

\_\_\_\_ Please initial that you have read the Century Park Pavilion Rental Agreement

Will your event have any outside entertainment?  Yes  No

If yes, please explain: \_\_\_\_\_

*(Any set-up/clean-up time your entertainment needs MUST be included in your set-up/clean-up time)*

Pavilion key must be picked up at the Sullivan Center just prior to the start of your rental, and returned immediately after your rental commences (if after facility hours, key must be returned the next morning). Sullivan Center hours are: Mon.–Fri. from 7:30am – 9:00pm, Sat. from 9:00am – 4:00pm, and Sun. from 9:00am – 3:00pm. If you need assistance during your rental contact the Sullivan Center at 847-996-6800, if it is outside of facility hours, please contact the on-call maintenance staff person at 224-287-0688.

I agree to accept full responsibility for my own actions and those of the group or organization in whose name I have rented the facility; and to abide by all rules set forth by the Vernon Hills Park District for the use of facilities. I also acknowledge that I have received, read and understand the rental guidelines for Hartmann Pavilion.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

#### Staff use only:

Rental Fee Amount \_\_\_\_\_ Damage Deposit Amount \_\_\_\_\_ Fees processed \_\_\_\_\_ Damage Deposit Refunded \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Entered on facility spreadsheet \_\_\_\_\_

Key check-out: Date \_\_\_\_\_ Time \_\_\_\_\_ Name \_\_\_\_\_ Staff \_\_\_\_\_

Key returned: Date \_\_\_\_\_ Time \_\_\_\_\_ Name \_\_\_\_\_ Staff \_\_\_\_\_