



Vernon Hills Park District Hartmann 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 Hartmann 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 – 5:00pm, 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 _____