



VERNON HILLS PARK DISTRICT CENTURY PARK PAVILION RENTAL REQUEST FORM

RENTER INFORMATION

Name (First & Last):	Organization/Group (if applicable):
Mailing Address (Street/City/State/Zip):	
Primary Phone Number(No spaces or dashes):	Email:

EVENT INFORMATION

Date(s) of Event:	Day of the Week:		
	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat		
Type of Event:		# of Guests:	
Set-up Start Time:	Event Start Time:	Event End Time:	Clean-up End Time:

ADDITIONAL INFORMATION

Will food be served? Yes No

Will there be outside entertainment? DJ Band Bounce House Other

If other, please explain:

If you are requesting outside entertainment, any set-up and/or clean-up time needed from the entertainment **MUST** be included in your rental time.

PAYMENT INFORMATION

Credit Card Number:	Expiration Date:	CVV:
Card Holder Name:	Authorized Signature:	

STAFF USE ONLY

Rental Fee:	Damage Deposit:	Total Fees & Date Processed:	Damage Deposit Refunded & Date:
\$	\$	\$ / /	\$ / /
Key Check Out Date:	Key Check Out Time:	Name:	Staff Initials:
/ /			
Key Returned Date:	Key Returned Time:	Name:	Staff Initials:
/ /			
Notes:			Waiver/Rules and Regulations Signed: Yes <input type="checkbox"/>