



VERNON HILLS PARK DISTRICT SULLIVAN COMMUNITY CENTER 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		
Room Requested:	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 you are requesting outside entertainment, any set-up and/or clean-up time needed from the entertainment **MUST** be included in your rental time.

If other, please explain:

Please check additional equipment requested:

☐ Projector & Screen (additional fee, Walnut Rm Only) ☐ A/V (Walnut Rm only) ☐ Microphone (Walnut Rm only)
☐ Podium ☐ Portable pull up screen (projector not included)

PAYMENT INFORMATION

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

STAFF USE ONLY

Rental Fee:	Damage Deposit:	Fees Collected & Processed:	Damage Deposit Refunded & Date:
\$	\$	\$ / /	\$ / /
RS required:	Name(s):		Reminder Sent:
			/ /
Notes:			Waiver/Rules and Regulations Signed: Yes <input type="checkbox"/>