

VERNON HILLS PARK DISTRICT SULLIVAN COMMUNITY CENTER

RENTAL REQUEST FORM

RENTER INFORMATION													
Name (First &					Organization/Group (if appli				licable):				
Mailing Address (Chroat/City/Ct-t-17in)													
Mailing Address (Street/City/State/Zip):													
Primary Phone	Email:												
	,												
EVENT INFORMAT	ION												
Date(s) of Event:		Day of the Week:											
		□Sun □Mon □Tue □Wed □Th					□Thu	⁻hu □Fri □Sat					
Room Requested:		Type of Event:			# 0			of Guests:					
Set-up Start Time: Event S		Event Sta	art Timo:		Ever	Event End Time:			Cle		lean-up End Time:		
Set-up Start II	iiiie.	Lvent Sta	art rillie.		LVCI	it Liit	ı illile.			Jicai i-	up Liiu Tiii	ic.	
ADDITIONAL INFO	RMATION												
Will food be serv		☐ No											
Will there be outside entertainment? □DJ □Band □Bounce House □Other If you are requesting outside													
entertainment, any set-up and/or											ıp and/or		
If other, please							clean-up time needed from the entertainment MUST be included in your rental time.						
									in yo	ur rem	tai time.		
Please check a	dditional equ	ipment req	uested:										
-	Screen (addit (Walnut Rm		/alnut Rm O	nly)	[√V Syste ′odium	em (Wa	Inut R	m onl	y)		
·	`	Oy)			`		Galain						
PAYMENT INFORMATION Credit Card Number:							Expiration Date:			CVV:			
Credit Card No					Expiration bate.			CVV.					
Card Holder Name:						Authorized Signature:							
0													
STAFF USE ONLY Rental Fee:	Fees Coll	Fees Collected & Processed:				Dan	Damage Deposit Refunded & Date:						
\$		Damage Deposit:		\$			1 1		90 -	Торос	1 1		
RS required:	Name(s):		•					\$			Reminde	r Sent:	
											1	1	
Notes:											Waiver/Ru		
											Regulations Yes	_	