



RECREATION DEPARTMENT
8901 West 123rd Street, Palos Park, IL 60464
(708) 671-3760
www.palospark.org

Facility Rental Form
(Must be submitted 14 days prior to rental date)

Name of Individual: _____

Name of Organization (if applicable): _____

Day/Date/s Requested: _____

Start Time: _____ End Time: _____ (Set up and take down time must be included)

Purpose: _____ (i.e Birthday Party, Baby Shower, Family Reunion)

Anticipated Attendance: _____ Additional activities: _____

(Liability insurance from outside vendors is required e.g. DJ, entertainers, caterers etc...)

Will you be serving alcohol? Yes No (If yes, general liability insurance, which includes host liquor liability coverage, is required)

Would you like your party information displayed on the marquee (\$25 charge): Yes No

Facilities Desired:

- | | | | |
|----------------|----------------------------|----------------------|-----------------|
| Community Room | Wabash Room | Gym | Centennial Park |
| Stage | Portico (as addition only) | Village Green Gazebo | |

of tables: _____ *Set-up requests/disgrams **MUST** be submitted atleast 14 days prior to rental date.*

of chairs: _____

AdditionalComments: _____

I/We, the undersigned, hereby agrees to defend, indemnify and hold harmless the Village of Palos Park and its elected officials, officers, employees and agents from and against, and to pay on behalf of, or reimburse as and when incurred, any and all liabilities, obligations, losses, damages, penalties, demands, claims, actions, suits, judgments, settlements, costs, expenses and disbursements of whatever kind and nature, which may be imposed on or incurred by the Village Parties as a result of, or in relation to, the individual's/organization's rental and use of the Village's Facility pursuant to this Facility Rental Form and the Facility Rental Regulations, which are not the result of any willful and wanton acts or omissions of the Village Parties.

Your signature verifies you have read and agree to all rental regulations.

Signature: _____ Date: _____

Print Name: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number _____ E-Mail _____

Card #: _____ Expiration Date: _____ CVC: _____

Approved By: _____ Date: _____

Fee Charged: _____ Check/Cash/Credit/Card: _____

Deposit Amount Paid: _____ Check/Cash/Credit Card: _____

If required, general/commercial liability insurance: _____