

# APPLICATION FOR COMMUNITY BUILDING FACILITY RENTAL

**WESTCHESTER PARK DISTRICT  
10201 BOND STREET  
WESTCHESTER, IL 60154-4359**

**Phone: 708.865.8200  
Fax: 708.865.8242**

**Date Submitted:** \_\_\_\_\_

CLIENT'S NAME/ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Primary PHONE # \_\_\_\_\_ Alternate PHONE # \_\_\_\_\_

INTENDED USE OF FACILITY \_\_\_\_\_

NO. OF GUESTS \_\_\_\_\_ HOURS REQUESTED: from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

DATE(S) REQUESTED \_\_\_\_\_

**FACILITY REQUESTED**

**EQUIPMENT REQUESTED**

***ALCOHOL is NOT ALLOWED on Park District premises.  
No food or beverages are allowed in the gym or on the stage.***

Number of Tables: \_\_\_\_\_

❖ Multipurpose Room only \_\_\_\_\_

Number of Chairs: \_\_\_\_\_

❖ Gym only \_\_\_\_\_

Coffee Urn: \_\_\_\_\_

❖ Multipurpose Room/Gym Pkg \_\_\_\_\_  
(room: 2 ½ hours, gym: 1 ½ hours)

Podium: \_\_\_\_\_

• Gym Time: \_\_\_\_\_ to \_\_\_\_\_

• Room Time: \_\_\_\_\_ to \_\_\_\_\_

❖ Stage (not ADA accessible) \_\_\_\_\_

❖ Kitchen with room rental \_\_\_\_\_

***PLEASE NOTE REGARDING ROOM DEPOSIT:*** A deposit is required at the time of confirmation of your rental date

- a) The full deposit is refundable three business days after the scheduled rental date;
- b) A prorated deposit will be refunded less any expenses that the Park District incurs as a direct result of your rental; such as, property damage, excessive clean-up, time overage, etc.

*The applicant hereby agrees that if the intended use of this facility is for children under the age of 18 years old, the applicant(s) will be issued a permit only upon a satisfactory Criminal Background Check according to the policies of the Westchester Park District. The applicant hereby agrees that an individual with a satisfactory Criminal Background Check will be on the premises during all the time this permit is in force.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Office use only**

Deposit: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Supervisor Assigned: \_\_\_\_\_