## Hanover Park Park District Community Center 2nd Floor Rooms

## **RENTAL APPLICATION**

Today's Date:		
Rental Information:		
<b>Date Requested:</b> <i>Day</i> :	Date: Hrs Requested: F	rom:
Type of Function:		
Equipment Needed:	Music: Yes No	If yes, type planned:
Total Number Attending:  Service	Catering: Delivery Only	_ Delivery &
Agreement Required		Certificate of Insurance &
Received:		Date
rental) Name:		
Address:		
Home Phone:	Work:	
<u>Signature of</u> <u>Renter:</u>		
Certificate of Insurance Needed: Ye	es No If yes, date received:	
Security Deposit Required:\$	00	Receipt#:

<u>Total Rental Time</u> :	Hours	Fee Per Hour:	
<u>Fees:</u> Rental fees are due 36 prior to event.	days prior to event. Cash or o	credit card payment only if payment is made less th	an 30 days
	Total Fees:	\$	
Prepared by: Date:			
	OFFICE	USE ONLY	
Refund of Security Deposit: Deposit Withheld:	\$00 Date	e Refunded: Receipt#: orized by:	
Reason for Withheld Deposit	t:		
Payment Due Date:	Paid Date:	Receipt #:	