VILLAGE OF
SCHILLER PARK

Schiller Park Activity Center
Request for Facility Rental

Who is Applying: _____ **Date Requested:** _____

Hours Requested: _____ **For What Purpose:** _____

Number of Participants: _____
(50 Maximum)

PERSON MAKING APPLICATION

Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Work Phone _____

I have read and agree to the Schiller Park Recreation Center Room Rental Policy agreement.

_____ _____
(Signature) (Date)

EQUIPMENT NEEDED

Number of tables: _____ Number of chairs: _____
(6 ft. tables)

$150.00 DEPOSIT DATE PAID_____ CHECK #_____ CASH_____
RENTAL AMOUNT $_____ DATE PAID _____ RECEIPT # _____

Charge Card Information

Credit Card Payment (circle one) Visa MasterCard

Account Number

Exp. Date

Month	Year

Cardholder Name: _____ Authorized Signature: _____

Total Charge Amount: _____ (Amount charged could reflect deposit and Rental Room amount)

By signing this application, I agree that I will be responsible for use of The Schiller Park Recreation Center Rental Room Facility property by my group and for damages which might occur, I will arrive and remain with my group for the entire time we use the Schiller Park Recreation Center Rental Room Facility property, and that I am at least 21 years of age.

Please sign here: _____ **Date:** _____