



Carl Sandburg North Gym Rental Request

All fees must be paid in full in advance. Today's date: _____

Applicant's Name: _____ DOB: _____ Organization: _____
*(Person responsible) (Date of birth) (*Must provide a certificate of liability insurance.)*

Is the organization within the Mundelein Park District boundaries? Yes No

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alt. Phone: _____ Email: _____

Day(s) and Date(s) requested: _____ Hours: _____ to _____

Reason for rental: _____ Equipment needed: _____

Number of attendees expected: _____ Average age of attendees: _____ Will there be an admittance fee to this event? Yes No

Rental Availability Day/Time:

Monday – Friday: 6 pm – 9 pm

Saturday – Sunday: 8 am – 9 pm

*Organization provided a certificate of liability insurance. Yes No

Calculate Rates:

Resident Fee : Total Hours _____ X \$35.00 \$ _____

-or-

Non Resident Fee: Total Hours _____ X \$50.00 \$ _____

Total Due Today \$ _____

RENTER RESPONSIBILITIES: The Person/Organization Agrees To The Following:

- If you are an organization, using any MPRD Facility, you will be required to provide us with a \$1,000,000.00 Certificate of Liability Insurance, naming the Mundelein Park District as additionally insured on the policy.
- Clean up garbage and put away equipment 15 minutes before scheduled end time.
- Renter will vacate property at, or before, scheduled end time.
- The Park & Recreation District is not responsible for any lost or stolen items.
- The Park & Recreation District is not responsible for any injury or loss that occurs before, during, or after the rental on park district property.
- Gambling of any form will not be permitted.
- Closing hours for all park district buildings is 9 pm unless otherwise approved
- NO SMOKING ALLOWED IN THIS FACILITY.
- NO ALCOHOLIC BEVERAGES will be consumed or brought on the premises.
- REFUNDS WILL NOT BE ISSUED FOR UNUSED TIME.

FOR OFFICE USE ONLY

Cash _____ Check # _____ Credit: _____ MC _____ Visa _____ Disc _____ AMEX (Auth# _____) Registered/Entered by: _____

Approved _____ Denied By: _____ Date: _____

Signature of Applicant: _____ Date: _____

Charge To: MC Visa Disc AMEX

Account #: _____ Exp. Date: _____ Security Code: _____ Charge Amount: \$ _____

Cardholder Name: _____ Signature: _____