



BrookensGymnasium



1776E. Washington Ave. | 217-255-8601 Permit# _____ Rental Dates _____

RENTAL REQUEST FORM

Full Name (please print) _____ Organization _____

Address _____ City _____ State _____ Zip _____

Home _____ - _____ Work _____ - _____ Cell _____ - _____

Email _____ Birthdate _____

Rental Dates _____ Rental Days Su M Tu W Th F Sa # of Guests _____

Event Time _____ to _____ Total Hours _____

Purpose of Event _____

Will a Fee be Charged? Yes No Open to the Public? Yes No

Other Information _____

Fees: \$75 Damage Deposit **plus** \$100 for first 2 hours, \$35/hour after

I would like a call from a manager to discuss equipment use

Please Select any *Extra Fees* you would like included in your reservation.

Scoreboard - \$250 deposit

Rental Waiver

Urbana Park District will not be liable for any claims for injury or damages resulting from or arising out of the use of the District's facility or premises and the permit holder agrees to indemnify the Park District and hold harmless against any and all such claims, damages, losses and expenses except to the extent the Park District caused the injury. If requested by the District, the permit holder shall carry insurance against such claims and furnish the District with a certificate of insurance evidencing same.

Customer agrees to pay all charges applied to their credit card or deducted from their checking account. Customer has read all attachments and agrees to all terms on reverse. There will be a \$25 service charge on all returned payments.

I have read all the Rules and Conditions of Use attached. I understand and agree to them as a condition of my use of Urbana Park District parks/facilities. I further understand that noncompliance with these conditions may result in loss of permit, additional fees and charges or any other applicable consequences under the ordinances of the Urbana Park District or under the law.

Signature _____ Date _____

OFFICE USE ONLY

Deposit \$75.00 Check _____ CC: Amex V M D
Taken by _____ Date _____ Time _____
Balance \$ _____ Check _____ CC: Amex V M D
Taken by _____ Date _____ Time _____
Approved by _____ Approved on _____
Active entry by _____ UPD ID # _____
Active entry on _____ Permit # _____
Refund \$ _____ Refunded by _____ Refunded on _____

Damage Deposit _____ **\$75**
Rental Fee _____ x _____ **hours** ... **\$** _____
Extra Fees _____ **\$** _____
Equipment Fee **\$** _____
Total **\$** _____
Total Received **\$** _____
Balance Due **\$** _____
Balance Due On _____