



Organization: _____ Today's Date: _____

Contact Person: _____ Home Phone: _____

Address: _____ Alternate Phone: _____

City/Zip: _____ # of People Expected _____

Rental Date(s): _____ Facility Requested: _____

Times: _____

Purpose of Rental _____

List any/all equipment/supplies (grill, port-a-potties) that will be brought on the premises

Initial that you have received and understand the rules and policies of the park district

NOTE: Certain activities may require additional fees for necessitated park district supply and labor functions.
*Fees are per hour w/ exception of Gazebo
*Community Park Ball Field rate is per hour/per field

| Park Requested | Ball Fields & Soccer | Ball Fields w/lights | Gazebo | Gazebo w/electrical hook-up |
|---------------------------------|----------------------|----------------------|------------------|-----------------------------|
| *Community (rates are per hour) | \$45 R / \$55 NR | \$55 R / \$65 NR | N/A | N/A |
| Lionwood (rates are per 2 hrs) | \$20 R / \$25 NR | N/A | N/A | N/A |
| Brookwood (Soccer) | \$40 R / \$50 NR | N/A | N/A | N/A |
| Franzen Grove | N/A | N/A | \$35 R / \$45 NR | add \$20 |

Based on a max. of 6 hrs.

A \$150 deposit is required and refundable for all rentals

NOTE: In the event that there are any damages to facilities or grounds or additional clean up is required by park district staff, or if the permit holder fails to abide by rental rules, the park district will keep a portion or the entire amount of the damage deposit.

Fee Calculation

\$ _____ per hour x _____ # of hours x _____ # of days x _____ # of fields

Fee Amount Due \$ _____
Minus Deposit \$150
Total Amount Due \$ _____

*An additional \$20 per hour will be added for a request over the maximum stated hours.

***Fees are due at least seven (7) days prior to rental date.**

The Park District reserves the right to deny any requests at any time. Circumstances denying requests may be due to previous park district activities, or permits, limited availability of field/park space, limited or no parking, conflict of interest with Wood Dale Park District philosophies or previous violations of rules by the requesting group or individual. Park District programs have 1st priority of field/park use at all times.

For Office Use

Deposit paid by: Cash Check Credit Card Date Received _____
Total Payment paid by: Cash Check Credit Card Date Received _____

Certificate of Insurance is required for certain events/activities as determined by the Park District. The Wood Dale Park District MUST be named as "additional insured" and received within 1 week of rental.

Certificate of Insurance Required? ___ Yes ___ No Received? ___yes ___No

Rental Approved? ___ Yes ___ No If no, reason? _____

Park District Staff Signature _____ Date _____