

COMMUNITY CENTER RENTAL AGREEMENT

Applicant Name* (print) _____ Phone (home) _____

Address _____ Phone (work) _____

City _____ State _____ Zip _____ Phone (cell) _____

** If applicant is not a resident of Shorewood Hills, a sponsor who is a resident is required.*

Village Sponsor (print) _____ Phone _____

Sponsor's Address _____

Date of expected use _____ Start Time _____

End Time _____

Total Hours _____

Note: 246 maximum occupancy per fire regulations. There are approximately 80 parking spaces at the Community Center lot. During the summer when the pool is in operations, parking may be limited. Posted parking regulations must be adhered to. Any vehicles in violation of these regulations will be ticketed.

Describe type of event _____

Are tables/chairs being used? ☐ Yes ☐ No

Are kitchen facilities being used? ☐ Yes ☐ No

Will liquor or beer be provided to guests? ☐ Yes ☐ No

The sale of fermented malt beverages and/or alcoholic beverages is not permitted. Consumption is restricted to inside the facility unless a written request is made to, and approval received from, the Village Administrator. At a minimum, this request must describe the area for expected uses outside the building. Each applicant must be personally responsible for knowing the requirements of the State laws relating to beverage consumption. The cost of beverages CANNOT be included in any meal charges, donations or coverage charges. Users may use the BYO (bring your own) method or supply beverages AT NO CHARGE.

I, the undersigned applicant for the use of the Shorewood Hills Community Center, have read the rules and conditions of use of the facility and agree to fully comply with these rules and accept full responsibility for my use of the facility.

I hereby submit the requested security deposit (in addition to the rental fee) for my intended use in accordance with the rules of the facility. Such deposit will be returned if there are no charges for damage, repairs or cleaning costs resulting from my use.

Applicant's signature _____ Date _____

Sponsor's signature _____ Date _____

Note: Handwritten signature(s) required to validate this application.

OFFICE USE ONLY

Date Received _____ Staff Initials _____ Rental Fee _____ Deposit Amount _____

Date reservation put on calendar _____ Checkout completed by: _____

Security Deposit amount kept \$ _____ reason _____

