



Bloomington Park District

Renter Cancellation Policy

Date of Application: _____

1. If applicant/renter cancels their rental at least 14 days prior to the rental, a \$10 service fee will be withheld from the rental security deposit.
2. If applicant/renter cancels their rental 7-13 days prior to the rental date a \$25 service fee will be withheld from the rental security deposit.
3. The remainder of the rental deposit, upon arrival, will be returned within 10 business days of cancellation.

Please check one and return application to:

- | | | |
|---|---|--------------|
| <input type="checkbox"/> Johnston Recreation Center | 172 S. Circle Ave., Bloomington, IL 60108 | 630-529-3650 |
| <input type="checkbox"/> Westfield Gym | 149 Fairfield way, Bloomington, IL, 60108 | 630-529-3650 |
| <input type="checkbox"/> Clubhouse | 172 S. Circle Ave., Bloomington, IL 60108 | 630-529-3650 |

Rental date requested: _____ S M T W TH F SA (circle one)

Time of rental: Arrival: _____ Departure: _____ Total hours: _____

Contact person: _____ Phone 1: _____ Phone 2: _____

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

Email: _____ Date of birth: _____

Name of organization (if applicable) _____

Type of organization (if applicable):

- Service Club Athletic Religious Social Political Commercial Other

Is your organization non-profit? Yes No If yes, list 501(c)(3) # _____

For organizations, list name address and phone number of two officers or sponsors that we may contact:

1. _____

2. _____

Expected attendance: _____ Will alcoholic refreshments be serviced? Yes No If yes, see policy #13 below.

Please describe any type of material, literature or equipment you will supply for your group: _____

Will there be an admission charge/donation? Yes No If yes, how much and why? _____

How did you hear about us? _____

Room Rental Policies

1. Bloomingdale Park District and WDSRA sponsored activities shall have priority in all facilities.
2. Facility rental applications must be submitted and deposit made and approved by facility supervisor before rental is granted.
3. All facility rental requests must be made a minimum of two weeks in advance. Requests will not be accepted more than 90 days in advance.
4. Full rental payment must be received before room is used – Cash, credit cards (Visa, Mastercard and Discover) and checks are accepted.
5. All materials/decorations brought into room must be removed.
6. All kitchen counters, stove tops and sinks must be cleaned and wiped dry.
7. All trash and garbage must be placed in appropriate receptacles. Groups are required to comply with Bloomingdale Park District's recycling policy and use provided receptacles.
8. Smoking is not permitted in Bloomingdale Park District facilities.
9. Groups with youths under the age of 18 must have one adult over age 21 for every 10 youths. Any group which does not have adequate supervision or fails to maintain discipline will be asked to leave.
10. Persons applying for a room rental must be 21 years of age.
11. Proof of liability insurance may be required by Bloomingdale Park District depending on the type of facility rental i.e bounce house, DJ's, Stages etc. Coverage available through www.eventhelper.com/partner/pdrma
12. No individuals or groups may use Bloomingdale Park District facilities with the purpose of private monetary gain or fundraising without special permission from the Executive Director of the Bloomingdale Park District.
13. Alcohol may be consumed when confined to the rental facility and served with a meal. All groups consuming alcoholic beverages must ensure that no person under the age of 21 shall be allowed to consume alcohol on District property. The Park District may, at its discretion, require renters to pay for the hiring of off duty police officers to enforce Illinois statutes pertinent to alcohol dispensing and consumption.
14. The Park District requires a Certificate of Insurance that shows "Host Liquor Liability" is included in the policy, coverage in the amount of \$1 million, and the Bloomingdale Park District must be named as an "additional insured" on the policy. This coverage is available through www.theeventhelper.com/partner/pdrma
15. Note rental fees are based on start to end time of rental and any set-up and take down time will be added to final rental cost.
16. Any equipment the renter wishes to include during rental, the Bloomingdale Park District needs to be approved in facility and on grounds.
17. Contact person or organization officials must be present during rental.
18. All fees include set-up and take down of two tables and 20 chairs. Additional tables and chairs can be rented at \$1 per table and .20 cents per chair.
19. Any custodial service required over and above the group's normal clean-up will be charged at the rate of \$20 per hour and subtracted from the damage and clean-up deposit.
20. Rentals larger than 125 people will be charged \$20 dollars more per hour.
21. All requests are on a first come, first served basis. A \$250 security deposit is required with the application. If the room has no damage and doesn't require additional clean-up, the security deposit will be returned in Bloomingdale Park District check form approximately 10 business days after room rental date. Credit card deposits will be issued back to credit card used.
22. All fees apply to normal operating hours. JRC rentals must end by 9pm. An additional \$25 per hour will be charged to cover staff expenses and over 125-person rental rate outside of normal operating hours.
23. Kitchen rentals are a one-time charge per rental. The equipment available to the renter includes a refrigerator, stove, oven, microwave and sink.

Rental Categories & Hourly Rates

	Resident	Non-Resident
Both Multi-Purpose Rooms, Approx. 80-90 Guests	\$100	\$120
Single Multi-Purpose Rooms, Approx. 40-60 Guests	\$60	\$80
Half Gymnasium, Approx. 100-125 Guests	\$55	\$75
Full Gymnasium, Max. 200 Guests	\$105/ \$125	\$125/ \$145 (125 Guest after) (\$25 more after 9pm)
Conference Room, Approx. 15-25 Guests	\$35	\$55
Group X Room, Approx. 15-20 Guests	\$45	\$65
Preschool Room, Approx. 20-30 Guests	\$40	\$60
Kitchen, Approx. 10-15 Guests	\$45*	\$65*
Clubhouse	\$75	\$95

Rental Group Categories

Resident: Individuals residing within the Bloomingdale Park District whose usage is not intent on making a profit or charging a donation (parties, showers, receptions, social events, etc.).

Non-resident: Individuals not residing within the Bloomingdale Park District whose usage is not intent on making a profit or charging a donation (parties, showers, receptions, social events, etc.).

Commercial: Commercial enterprise of any nature (resident or non-resident).

Non-profit groups: Please call 630-529-3650 for rates.

Rental rates are subject to change.

* one-time fee * Kitchen fee: \$45/\$65 * Electrical hook-up fee: \$30 * AV equipment fee: \$30

* All room and gym rentals require a \$250 security deposit


Draw a diagram of desired setup:

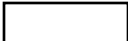
Equipment Requested


No. of chairs: _____

No. of long tables: _____

Other: _____

 Round table

 Long table

 Chair

I have read and understand the facility usage stipulations and agree that our group will follow them. I will inform and explain the stipulations to all guests and participants. I also understand that the Bloomingdale Park District and its employees will be held harmless for claims resulting from our use. I also understand that if I decide to change the rental time, a new Recreation Center Rental Request form must be filled out and approved. I have read Bloomingdale Park District's policies and agree to abide by them or risk forfeiture of our room rental and security deposit.

Signature: _____

Date: _____

Office Use Only

Authorization

Request taken by (staff name) _____ Date: _____

Facility Supervisor: _____ Date: _____

Approved Denied

Instructions: _____

Payments

Deposit Amount: \$ _____ Date: _____

Cash: _____

Check #: _____

Credit Card # _____

Visa MC Discover Auth.# _____ Expiration Date: _____

Rental Amount: \$ _____

Staff Report

Employee Assigned: _____

Arrival Time: _____ Departure: _____

List any damages/problems: _____

Facility Supervisor Review

Amount of deposit to be refunded: _____ Facility Supervisor: _____ Date: _____

Comments: _____

Refund Process

Date Requested: _____ Requested by: _____

Date Processed: _____ Processed by: _____

Date Mailed: _____