

Key(s) #
 given: _____
 Date Key(s) given: _____
 Signature of person receiving Key(s):



Hampshire Park District
 182 S. State Street
 P.O. Box 953
 Hampshire, IL 60140
 847-683-2690
 Fax: 847-683-1741

**Hampshire Township Park District
 Community Room Reservation Form
 390 South Avenue**

Date of Event _____ Community Room: capacity 158

Time of Day From _____ Until _____

Name _____
 (Name of Individual/Group)

Home Phone _____

Cell Phone _____

Email _____

Address _____
 Street City Zip

Will you be providing and/or serving alcohol? _____
 If YES, please ask staff for additional permit/insurance requirements.

FEE SCHEDULE	RESIDENT	NON-RESIDENT	TOTAL
Individual/Business Weekend (HR Rate Unavailable)	\$150.00/DAY	\$250.00/DAY	_____
Individual/Business Weekday	\$30.00/HR OR \$150.00/DAY	\$50.00/HR OR \$250.00 DAY	_____
Non-Profit Organization*	50% Off Above Fees	50% Off Above Fees	_____
Government Agency	TBD	N/A	_____
Security/Key/Cleaning Deposit**	\$150.00	\$150.00	_____
		TOTAL FEES	_____

*A non-profit group is defined as a civic, charitable, religious or youth serving group within the Park District boundaries. Proof of 501(c)3 status to accompany this form.

**If a key is needed it will be available for pick-up 48 hours prior to the reservation. For Sunday reservations, please pick up the key no later than the Friday before by 11 am. Failure to clean up AND RETURN THE KEY will result in a forfeit of the security deposit. Please do not use tape on any painted surface. The kitchen must be cleaned (countertops wiped down, sink clean), the floor must be swept and washed, and garbage taken to the dumpster at the maintenance building in order to receive the deposit refund. Any damage to the building or fixtures will result in the forfeit of the security deposit.

Payment in full, including deposit, is required when reservation is booked.
 I/We the undersigned have received, are aware and will abide by the guidelines listed within the Hampshire Township Park District Agreement For Use of Facilities.

 Signature of Applicant Date

Please contact Kim at 224-365-9354 if there is an emergency after regular business hours.

Office Use Only
 Amount Refunded: _____
 Date Refunded: _____
 Initials: _____