# Rental Application for Rose Park

**Name of Individual:** _____ **Date of Application**: _____

**Organization Name:** _____

**Address:** _____ **City/Zip Code:** _____

**Cell Phone**: _____ **Work Phone**: _____

**E-Mail Address:** _____

**Requested date of event**: first choice_____ second choice: _____

**Purpose of Event**: _____

**Begin Time**: _____ **End Time:** _____
**(From time you walk-in to decorate)** **(Until time you "walk-out including clean-up)**

**Number of People Attending (max #40 people)**: _____

**Request to bring alcohol**: Yes____ No____
(Beer, wine, champagne, mixed drinks, NO SHOTS)

## Building Policies

1. Full payment of the rental package is required upon approval of the application.
2. All tables & chairs will be provided & set-up for your rental.
3. Cake, party supplies, invitations, and decorations are not provided.
4. All of the following are prohibited: lighting effects employing actual fire, lighted lanterns, fireworks or torches, etc..., silly string, confetti, glitter, glue guns, tacks, anything that might destroy the walls, etc.; and wax or abrasive materials on the floors. The individual/group shall assume complete responsibility for any damages to the building or equipment being used.
5. The room shall be left in the same condition it was found in prior to the party, otherwise a fee will be charged for clean up/damages.
6. Cancellations must be made in writing at least 7 days in advance. Failure to adhere to this policy may result in full billing.
7. A $50 fee will be charged for all cancellations within 7 days of rental unless the date is able to be rescheduled.
8. No smoking is allowed in any Salt Creek Park District facility or anywhere on park district grounds.

Signature of the person who will arrive at opening time, remain until closing time, and be completely responsible for the proper conduct of the group. **I have read the building policies, and our organization or party will adhere to all policies as stated below.**

**Renter's Signature**: _____ **Date:** _____

## Payment Fees

**Credit Card (AMEX, Discover, MC or Visa)**: _____

**Expiration Date**: _____ **CVV**: _____ **Billing Zip Code:** _____

**Check #**: _____ **Cash Amount**: _____ **Amount**: _____

**Rental Fee: $30R/$40NR** **Alcohol Liability Fee: $100.00**

**Staff approval:** _____ **Date:** _____