



Room Rental Reservation Form

Rental Date: _____ Rental # _____

Contacts
 Name of group or person renting _____
 Type of event _____ Number of people _____
 Name _____ Name _____
 Address _____ Address _____
 City _____ City _____
 Day Phone _____ Day Phone _____
 Evening Phone _____ Evening Phone _____
 E-mail Address: _____

Will food be served: Yes No Refrigerator space needed: Yes No
Check Requested Facility
 Boulder Point Room 3 Civic Center Room 1 Little White School House South Point
 Total Hours to be Rented: _____
 Beginning Time: _____ Ending Time: _____
 Set-up Time (no charge): _____
 Equipment to Reserve:
 Tables _____ Chairs _____ TV/VCR/DVD _____ Coffee Pot _____

For office use only

Payments
 Total due \$ _____
 Deposit \$ _____ Date _____
 Balance Due \$ _____ Date _____
 Cash Ck Visa MC American Express Discover # _____ - _____ - _____ Ex date ____/____
 Damage Deposit HOLD (\$300) yes no Deposit Returned Date _____
 Charges for damages incurred? yes no Amount? \$ _____

I have read the rules for the use of Oswegoland Park District facilities (printed on the back of this form) and will be responsible for relaying this information to my group. I understand that violation of these rules may result in loss of my damage deposit and/or my group being billed additionally for damages, repairs or cleaning of the facility due to misuse, and/or loss of the privilege to use Park District facilities.

I have read the rules printed on the back of this form. I have received a copy of this form.

Signature of Renting Party _____ Date _____ Facility / CSR _____