

Key(s) given: _____

Date Key(s) given: _____

Signature of person receiving Key(s)

Date Key(s) Returned: _____



Hampshire Park District
390 South Avenue
P.O. Box 953
Hampshire, IL 60140
847-683-2690
Fax: 847-683-1741

Hampshire Township Park District Room Reservation Form

Date of Event ____/____/____

Event Description _____

Meeting Room (capacity 62) _____
(20 Chairs)
(5 Tables)

Community Room (capacity 158) _____
(36 Chairs)
(10 Tables)

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
<input type="checkbox"/> Individual	\$10.00/HR or \$50.00/DAY	\$20.00/HR or \$100.00/DAY	_____
<input type="checkbox"/> Non-Profit Organization*	\$15.00/HR or \$75.00/DAY	N/A	_____
<input type="checkbox"/> Business	\$20.00/HR or \$100/DAY	N/A	_____
<input type="checkbox"/> Government Agency	TBD	N/A	_____
<input type="checkbox"/> Security/Key Deposit**	\$65.00	\$65.00	_____
		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. 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.

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 Michael at 224-762-1165 if there is an emergency after regular business hours.