



Bensenville Park District Rental Request Form

Type of Rental | Check which type of rental you are inquiring about

DGLC	Fields	Shelters
Year Round	March-October	May-September
<input type="checkbox"/> Hawthorne Full	<input type="checkbox"/> D'Orio	<input type="checkbox"/> Kiwanis 8A-2P
<input type="checkbox"/> Hawthorne 1/2	<input type="checkbox"/> Sunrise	<input type="checkbox"/> Kiwanis 2P-7P
<input type="checkbox"/> Oak	<input type="checkbox"/> Sunset	<input type="checkbox"/> Sunrise 8A-2P
<input type="checkbox"/> Gym Full	<input type="checkbox"/> Veterans	<input type="checkbox"/> Sunrise 2P-7P
<input type="checkbox"/> Gym 1/2	<input type="checkbox"/> Varble	<input type="checkbox"/> Breiter-Palm 8A-2P
<input type="checkbox"/> Willow	<input type="checkbox"/>	<input type="checkbox"/> Breiter-Palm 2P-7P
<input type="checkbox"/> Other:		

Requested Date(s):

Start Time _____ AM/PM End Time _____ AM/PM
(Please Note Leisure Center Hours when making your request)

Briefly describe the activity:

Person/ Organization making request:

Phone #:

Email:

Street Address:

City: State: Zip:

Day of Contact Name :

Day of Contact Phone Number :

Number of Participants:

Food or beverages (non-alcoholic only) be served? Y N

Request Room Setup:

**Rental Requests must be submitted and approved
a minimum of 7 Business days before rental**

Submit all other rentals requests to: Tlinder@bvilleparks.org

The Park District is not responsible for providing equipment/services not requested or approved. Organization/individual acceptance and agreement to adhere to Park District regulations. I have read the Statement of Policy Use for Bensenville Park District and agree to adhere to regulations of the Bensenville Park District, and I hereby further agree that such regulations are an integral part of this application. I am responsible for all members of the group at the Facility/Room during the time of the Rental. I will be present throughout the duration of the reservation. It is understood that the total rental fee shall be:

Applicant Signature _____ Date _____

For Office Use Only

Rental Price _____ Total Due _____

Approved By _____ Approved On _____

Payment Processed Date _____ Processed By _____

(Please read & Sign Statement of Policy on Back)