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# DEKALB PARK DISTRICT

1403 Sycamore Road • DeKalb, Illinois 60115  
Phone: (815) 758-6663 • Fax: (815) 758-4081



www.dekalbparkdistrict.com

## SHELTER RENTAL AGREEMENT

\_\_\_\_\_, hereafter referred to as the customer, agrees to reserve the  
**(Name of group)**

\_\_\_\_\_ shelter on \_\_\_\_\_  
**(Name of facility) (Date)**

beginning at \_\_\_\_\_ (no earlier than 8am) ending at \_\_\_\_\_ (no later than 10pm)  
**(Time of entry) (Time of departure)**

and serving \_\_\_\_\_.  
**(# of people)**

The DeKalb Park District agrees to provide the facility in good working order and clean conditions by the above specified time, but the customer recognizes that some conditions are beyond the Park District's control. The customer shall provide all the necessary materials for the event. The customer understands that because of previous rentals, the shelter may not be available or cleaned until the time requested. **A key should be picked up on the day before the scheduled event (on Friday for Saturday or Sunday) 9am-5pm. The customer will make arrangements in advance to pick up a key and submit a \$100.00 CASH deposit.** The deposit will be returned **ONLY** if the facility is in a clean and undamaged condition. All keys are to be returned within two (2) business days (Monday through Friday) or a \$100.00 late fee will be assessed. A list of rules will be provided. It is the customer's responsibility to make certain guests adhere to all rules. If any of the rules are violated this contract will become null and void and the rental will end immediately.

**THERE IS A STRICT NO ALCOHOL POLICY IN ALL DEKALB PARK DISTRICT PARKS AND SHELTER HOUSES**

\_\_\_\_\_  
Fee for rental (NON-REFUNDABLE)

\_\_\_\_\_  
Date paid

\_\_\_\_\_  
Signature of customer confirms they have read and agree to comply with the conditions of this contract and the rules supplied

\_\_\_\_\_  
Signature of Park District representative

**In case of problems call (815) 739-5928**

PLEASE PRINT:

\_\_\_\_\_  
Name of representative                      Address                      Home #                      Work #

-----OFFICE USE ONLY-----

KEY # \_\_\_\_\_

Date Deposit Returned \_\_\_\_\_

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Signature of Park District Representative

MEMBER NRPA • IPRA • IAPD