



RALPH J BAILEY COMMUNITY CENTER

7219 E. Chicago St.
Ralph J Bailey, IL 60964
815-304-4498

Website: www.sunriverterrace.com
E-Mail: sunriverterracecommunitycenter@comcast.net

Room Rental Application

Lessee Type (Must Choose One): Resident _____ Non-Resident _____ Non-Profit Org. _____ Corporate/Business _____

Lessee Print/Name: _____

Address: _____

Day Phone: _____ **Cell/Evening Phone:** _____

E-mail Address: _____

Date of Event _____

Type of Event: _____

Setup/Decorator Time: Start: _____ End Time: _____ # of hours ____

Event Time: (Flat 5 Hours) Start _____ End Time: _____ # of hours ____

Additional Hours Start _____ End Time: _____ # of hours ____

Total Hours # of hours ____

Expected Number of Guests: _____

Head Table: Yes ___ No ___ Table Type _____ # per table _____

Cake Table: Yes ___ No ___ Table Type _____ Gift Table: Yes ___ No ___ Table Type _____ D. J Table: Table Type: _____

Food Table: Yes ___ No ___ Rec. Tables: _____ Chairs Per Table _____

Food Table: Yes ___ No ___ RD. Tables: _____ Chairs Per Table _____

List any other Equipment (ex: ball tent, cotton candy machine, popcorn machine, air, etc.)

By my signature below: **I certify that I have received a copy of, have read, and fully understand my rental contract, the general policies for Community Room, and the prescribed responsibilities for Community Room Lessees.** I further understand that my failure to meet any of these responsibilities or comply with any policy may result in the immediate termination of the rental agreement by the onsite Village representative. I also agree that, if termination of the rental agreement is deemed necessary by the representative, I will ask that my guests exit the facility in a quick and orderly fashion and personally oversee the clean-up of the rental space. I warrant that I am of the age of consent (18 years or older) and that I am competent to contract in my own name. I have read the photo release clause and fully understand the contents, meaning, and impact. Finally, I understand and agree that, should early termination of my rental contract become necessary, I may receive no refund of my security deposit.

Lessee Signature: _____ **Date:** _____

Authorized Agent Signature: _____ **Date:** _____



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Check All That Apply Gym/Banquet Room ___ Kitchen Facilities ___ Youth Lounge ___ Bus/Conf. Room ___
Reunion Package ___ Wedding Package ___

Rental Security Deposit is due when the reservation is accepted by the Agent.

Rental Fee Payment in full of the Room(s) is due no later than five (5) business days prior to the date of the event for which the Room(s) is being utilized (the Event) or the deposit may be forfeited.

Set-Up decoration and/or delivery times (flowers, food, DJ, etc.) must be included in the contract.

Indemnifications, Waivers, and Insurance To the fullest extent permitted by law, Lessee, its successors, and assigns (collectively, the "Indemnitor") shall indemnify, defend, and hold harmless the Agent and RJBCC, its committees, officers, agents, and employees (collectively, the "indemnities") from and against any claims, demands, obligations, causes of action suits, controversies, agreements,

Cancellations If a reservation is cancelled five (5) days or more prior to the date of the event, the Lessee will be refunded seventy-five per cent (75%) of the Room Rental fee and (100%) of the Deposit. If cancellation occurs less than five (5) days prior to the date of the Event, (100%) of the Deposit will be refunded. THERE WILL NOT BE A REFUND OF THE RENTAL FEE. THE RENTAL FEE WILL BE FORFEITED.

COST WORK-UP

Name of Lessee _____ Date of Event _____

Security Deposit \$ _____ Paid _____ Receipt _____

Event Time: (Flat 6 Hours) Start ___ End Time: ___ \$ _____ Paid _____ Receipt _____

Additional Hours Setup Start ___ End Time: ___ \$ _____ Paid _____ Receipt _____

Additional Hours Cleanup Start ___ End Time: ___ \$ _____ Paid _____ Receipt _____

Total Cost. \$ _____ Total Paid \$ _____ Balance Due _____

Security Deposit Refund

Name of Lessee _____ Date of Event: _____

Day Phone: _____ Address: _____

Amount of Refund _____ Date of Refund _____ Check # _____

Received By: _____ Date: _____



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COMMUNITY CENTER POST EVENT CHECKLIST

KITCHEN:

- _____ 1. The counters are cleaned.
- _____ 2. The sink is cleaned out.
- _____ 3. The floor is clean (sweep/ clean up all spills as needed).
- _____ 4. The stove top, inside oven, microwave, & refrigerator are empty and clean.
- _____ 5. **The waste basket/garbage is empty.**

COMMUNITY BANQUET ROOM/CONF-BUSINESS ROOM/YOUTH LOUNGE:

- _____ 1. The tables and chairs must be wiped clean.
- _____ 2. The floors clean (sweep/ and clean up all spills as needed)
- _____ 3. Please **return all chairs and tables to their designated location & positions.**
- _____ 4. **The garbage cans are empty.**

REST ROOMS:

- _____ 1. All toilets are flushed.
- _____ 2. The floors must be clean, and all paper picked up.
- _____ 3. The mirrors have been wiped down if needed.
- _____ 4. The counters are clean.
- _____ 5. **The garbage cans are empty.**

ENTRY WAYS/HALLWAYS/GENERAL:

- _____ 1. Sweep floors if needed.
- _____ 2. Sweep/Vacuum all rugs if needed.
- _____ 3. Mop up all spills if needed.

COMMUNITY CENTER/VILLAGE GROUNDS AND PARKING LOT:

- _____ 1. Pick up and disposal of all garbage and put it into dumpster.

The completion of this check list will determine the return of your Security Deposit and the eligibility to rent the Community Center Rooms again. Thank you for helping to keep the Community Center clean and damage free.

Lessee Signature: _____

Event: _____

SRT Inspector Signature _____

Date: _____