



**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 Circle One):** Resident    **Non-Resident**    Non-Profit Org.    Corporate/Business

**Lessee Print/Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Cell/Evening Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

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<b>Date of Event:</b> _____	<b>Event Title:</b> _____	<b>Date of Setup:</b> _____
Delivery Time _____	Setup Time: _____	End Time: _____ # of hours _____
Decorator Time: _____	Setup Time: _____	End Time: _____ # of hours _____
Event Time: _____	Setup Time: _____	End Time: _____ # of hours _____
Pickup Time _____		

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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**Circle All That Apply**    Gym/Banquet Room    Bus/Conf. Room    Youth Lounge    Kitchen Facilities  
Wedding Package #1    Wedding Package #2    Reunion Package

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

**Payment in full of the Room(s) Rental Fee 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 SRT, its committees, officers, agents, and employees (collectively, the "indemnities") from and against any claims, demands, obligations, causes of action suits, controversies, agreements,

**COST WORK-UP**

**All rental fees and security deposits must be paid in cash, cashier's check, and/or money order. Personal checks will not be accepted. Cashier's check or money order must be made payable to Ralph J Bailey Community Center.**

Name of Lessee _____		Date of Event _____	
Security Deposit	\$ _____	Receipt # _____	Date _____
Setup Time:      Start Time ____ End Time ____	\$ _____	Receipt # _____	Date _____
Decorator Time    Start Time ____ End Time ____	\$ _____	Receipt # _____	Date _____
Event Time:        Start Time ____ End Time ____	\$ _____	Receipt # _____	Date _____
Additional Hours    Start Time ____ End Time ____	\$ _____		
Amt Paid	\$ _____	Receipt # _____	Date _____
Amt Paid	\$ _____	Receipt # _____	Date _____
Grand Total	\$ _____		

**Deposit Refund**

Name of Lessee \_\_\_\_\_      Date of Event \_\_\_\_\_

Amount of Refund \_\_\_\_\_      Date of Refund \_\_\_\_\_

Received by: \_\_\_\_\_      Date \_\_\_\_\_      Check # \_\_\_\_\_



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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 is 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 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:** \_\_\_\_\_