



Park Rental Form

Complete this form and submit with payment to:

721 Engle St., Dolton, IL 60419

Tel: (708) 841-2111; Fax (708) 841-2177

Additional forms may be printed from our website: www.doltonparkdistrict.org

REGISTRANT INFORMATION (Please Print)

APPLICANT/ORGANIZATION NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

HOME PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

Permit # _____

Rental Date(s) _____

Purpose of Rental: _____

Participants: _____

Time: Begin: _____ AM/PM

End: _____ AM/PM

Park Requested (Circle all that apply):

Main

Blackstone

Needles

Triangle

Riverfront

Kandy Kane

Town & Country

The undersigned Permit Holder, hereby accept responsibility for the care of the facility, building and/or property used in accordance with the rules and regulations as set forth by the Dolton Park District as well as the terms and conditions relating to the Park District Permit.

It is fully understood and agreed by the parties that the Permit Holder guarantees to defend, indemnify and hold harmless the Dolton park District, its officers, employees, volunteers and agents against any and all liabilities, claims, damages, losses, costs and expenses (including reasonable attorney's fees) arising indirectly or directly in connection with or under, or as a result of this Agreement.

I, the undersigned Permit Holder, certify that the use to which the Dolton Park District facility is put shall fully comply with the provisions of the Americans with Disabilities Act (ADA). I understand that failure to comply with the ADA may result in a forfeiture of facility privileges unless and until the program or use is brought into compliance with ADA.

Signature of Permit Holder _____ Date _____

FOR OFFICE USE ONLY:

Registration Date: _____ Payment Form: _____

Receipt Number(s): _____

Registering Employee: (Full Name) _____

Special Accommodations: (Signature) _____