

# Suburban Park and Recreation Association

## Application for Use of Timing System/Clock, Split Clocks & Start/Finish Equipment

Agency/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Agency/Organization: \_\_\_\_\_

Date(s) Required: \_\_\_\_\_

Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Desired Time of Pick-Up: \_\_\_\_\_ Return Date: \_\_\_\_\_

### Rental Agreement

Agency/Organization agrees to pay the appropriate rental fee listed below. Fee includes equipment only; operator is not included.

		<u>Member</u>	<u>Non-Member</u>
Time Machine Timer. Finish Line Clock & Stand	<input type="checkbox"/> Timing System	\$100/event	\$200/event
LED Split Time Clock (2 available)	<input type="checkbox"/> 1 clock <input type="checkbox"/> 2 clocks	\$50ea/event	\$100ea/event
Start/Finish Line Equipment (2 sets available)	<input type="checkbox"/> 1 set <input type="checkbox"/> 2 sets	\$50ea/event	\$100ea/event
(10 Delineator Posts w/bases, pennant strings, START & FINISH feather flags w/bases & cart for posts/bases)			

1. Agency/Organization agrees to accept responsibility for theft or damage to the equipment incurred during the time of their rental, and agrees to pay to replace or repair the equipment at the current market price.
2. Agency/Organization agrees to provide qualified, responsible operator that has learned how to work the equipment properly and agrees to fully demonstrate machine upon transfer.
3. Full payment must be made in advance.
4. Checks should be made payable to: **Suburban Park and Recreation Association**.
5. Mail checks and one completed, signed copy of this application to:

**A.J. Collier II**  
**Elk Grove Park District**  
**1000 Wellington Ave, Elk Grove IL, 60007**  
**Phone (847) 228-2868 Fax (847) 437-8043**  
**acollier@elkgrovecparks.org**

\*Retain a copy of this application for your records.

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*As a representative of the aforementioned agency/organization, I fully agree to the terms of the Rental Agreement.*

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Total: \_\_\_\_\_

*Only upon transfer: Upon transfer of equipment, machine has demonstrated to be in excellent working condition.*

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_