



COMMUNITY CENTER RENTAL AGREEMENT

Submit Application Update Requests to:
Recreation Supervisor
4170 W. Morse Avenue Lincolnwood, IL 60712
Email: recreation@lwd.org

RENTAL CONFIRMATION

RENTER'S NAME	ORGANIZATION NAME (if applicable):
EMAIL	
CELL PHONE	

RENTAL TIME COMMUNITY CENTER ADDRESS: 4170 W. MORSE AVE. LINCOLNWOOD IL 60712

EVENT DATE	DAY OF THE WEEK
TOTAL EVENT TIME (HRS)	EVENT START & END TIMES
TYPE OF EVENT	TOTAL ATTENDANCE EXPECTED

RENTAL COST

LINCOLNWOOD RESIDENT HOURLY RATE	\$126	x	TOTAL HOURS	=
LINCOLNWOOD RESIDENT PREMIUM HOURLY RATE	\$189	x	TOTAL HOURS	=
NON-LINCOLNWOOD RESIDENT HOURLY RATE	\$214	x	TOTAL HOURS	=
NON-LINCOLNWOOD RESIDENT PREMIUM HOURLY RATE	\$321	x	TOTAL HOURS	=
SPEAKERS & MICROPHONE	\$50			=
PROJECTOR	\$50			=
LATTICE ROOM DIVIDERS	\$50			=
UPLIGHTING	\$50			=
PATIO (AVAILABLE APRIL-OCTOBER)	\$50			=

TOTAL RENTAL COST =

ROOM SET UP REQUEST

BANQUET STYLE	CONFERENCE STYLE	THEATRE STYLE	CLASSROOM STYLE	CUSTOM
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Adhere State Issued
Photo ID Here
Permit Holder must be 21+ years of age

RecTrac			
RecTrac Input By:	Date:	Time:	
	Alcohol Permit	Liquor Insurance	Vendor Insurance