

OAK PARK RECREATION DEPARTMENT COMMUNITY CENTER
14300 OAK PARK BLVD., OAK PARK, 48237
(248)691-7555

Community Rental Agreement
ROOM/COFFEE SET UP PERMIT

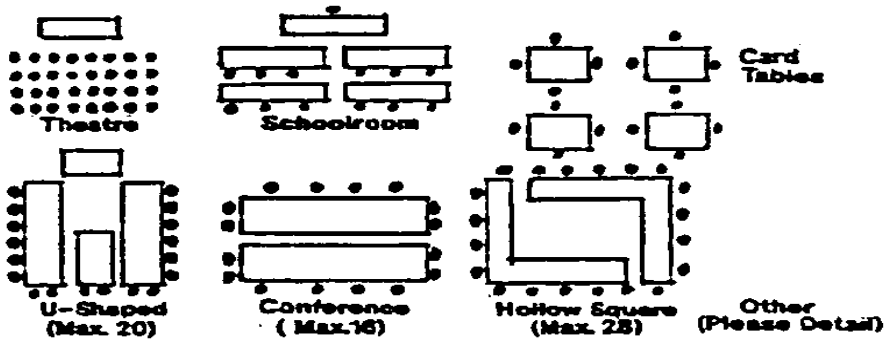
Please refer to Community Center Rules and Regulations

Organization's Name: _____ Representative: _____
 Representative's address: _____
 City: _____ Zip: _____ Home Phone: _____ Bus. Phone: _____
 Purpose of Use: _____ Number of Persons: _____
 Date(s) wanted: _____
 Time wanted: _____ to _____ Mtg. starts: _____ a.m./p.m. Time Changes must be initialed.
 N/C Set Up Time: _____ to _____ Extra Paid Time: _____
 Tax ID Number: _____
 Room desired: _____ (choose from: A, B, C, 1-5, Craft Rm. or A & B combined)
 If coffee service is desired, number of cups: _____ *Kitchen use desired: Yes () No ()
 Describe kitchen use required: _____

Set Up Details (check items desired)

- () Piano
- () P.A. system
- () Podium (stand up)
- () Podium (table)
- () Chalk board
- () Extension cord
- () Movie screen
- () American flag

Please circle one:



*Room assignments may be changed to maximize building.

The undersigned hereby verifies that he/she (1) has authority to sign this permit for the above name organization, (2) has read the rules and regulations relative to use of the meeting rooms and agrees to all arrangements therein stated, and will perform the necessary clean up of the facility following its use.

The undersigned further understands that failure to comply with all agreements herein or falsification of any information on this permit will be grounds for denial of this or any future room requests.

I have received the Cost Sheet & Policies & Procedures: Initial: _____

Signature of Representative: _____ **Date:** _____

----- Office Use Only -----

Type of Group:

_____ Private Rental Fee: _____ Amount: _____ Date: _____
 _____ Civic. Cult. Kitchen Fee: _____
 _____ Tax Exempt Additional Hours Rental: _____
 Additional Hours Set-up: _____
 Coffee Fee: _____
Total Charges: _____

Employee Signature: _____ Date: _____