



Facility Rental Application

7540 West Braemar Lane, Frankfort, IL 60423
815-469-3524 (phone) / 815-469-8657 (fax) / www.fspd.org

Office Initials _____
Date _____

Facility requested _____ Event date _____

Beginning time of rental (includes set up) _____ am/pm

Ending time of rental (includes take down) _____ am/pm

Revisions of allotted time must be made prior to or at the time of final payment.

Total rental time _____

Please check one - Resident? _____ Non-resident? _____

Rental Rates	Resident \$265	Non-Resident \$365
	Occupancy	
Community Room	100 guests	
Board Room 2	45 guests	
Champions Park Facility	30 guests	
Nature Center	20 guests	

Additional amenities ___ Bandshell (\$50) ___ Ice (\$15) ___ Additional hours (\$25)

Type of activity _____ Estimated attendance _____

Is this a surprise party? _____

If yes, please provide approved contact information _____

Name of renter _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

I hereby agree to hold harmless and indemnify the Frankfort Square Park District, its trustees and employees from any damage, injury, or expense which might arise out of their use or their guests' use of park facilities.

Renter Signature _____

Renter Printed Name _____

Office Use Only
Staff _____ Date _____
Amount due _____ Deposit paid _____
Amount due on/before _____ Total rental paid _____
Receipt Number _____

Emergency Contacts

In case of emergency prior to your scheduled rental time, please call the following:
Rental dates April – October (815) 469-1600 (Square Links Golf Course)
Rental dates November – March (815) 693-4186