



COMMUNITY RESOURCE CENTER (CRC) RENTAL PERMIT APPLICATION

PERMIT No. _____ ISSUED: ____/____/____

Name			Date of Application
Address			
City		State	Zip Code
Phone Number			
Email Address			

FACILITY REQUESTED (Check all that apply, note, simultaneous rentals of Community Room side A and B Room are permitted)

Community Room Side A (max capacity of 50)	
Community Room Side B (max capacity of 50)	

Date Requested: _____

Time Requested: _____ AM/PM to _____ AM/PM (Venue rentals are permitted anytime from 8:30am-4:30pm, Monday-Friday)

Estimated Attendance: _____

Purpose of rental:

COMMUNITY ROOM PERMIT RENTAL FEES

Permit Fee:	
Community Room Side A <u>or</u> B Rental	\$100
Community Room Side A <u>and</u> B Rental	\$200
Custodial Fees (Per Side)	\$40
TOTAL	\$

HOLD HARMLESS AGREEMENT FOR ALL PERMITS

agrees (as a person age 21 or older) that it will protect and have harmless and indemnified against from any penalty, charges of liability that the Village of Willowbrook, its administrators, board members, employees and agents my incur, resulting from the use of the Village of Willowbrook facilities by us, whether occasioned by the neglect of the Village of Willowbrook, and that we will at all times protect, indemnify and save and keep harmless the Village of Willowbrook against and from any and all loss, cost, damage or expense arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whatsoever and will protect, indemnify and save and keep harmless the Village of Willowbrook against and from any and all claims from any and all loss, cost, damage or expense arising out of any respect to comply with and to perform all the requirements and provisions hereof.

I have read, understand and hereby agree to the policies listed above as a condition for receiving this permit.

Print Name

Signature

Date

Checks should be made payable to the
Village of Willowbrook, 835 Midway Dr. Willowbrook, IL 60527.

For Office Use Only

Permit Fee	\$ _____	Date Paid	_____
Other Fees	\$ _____	Receipt Number	_____
Total Paid \$ _____			
Authorized Approval of Permit: _____		Date	_____

V.O.W. Check # _____			

Comments: _____

Permit Issued on: ____/____/____ Name of Staff Member _____