

400 East Second Street Genoa, IL 60135

815/784-5612 fax 815/784-5051

www.genoaparks.com

**CHAMBERLAIN PARK POOL USE AGREEMENT**

Effective May 1, 2014

Responsible Party:

 (Responsible Party must be in attendance throughout the rental.)

Mailing Address:

Home Telephone: (\_\_\_\_\_\_) Work Telephone: (\_\_\_\_\_\_)

Date Requested: Time Requested: open:\_\_\_\_\_\_\_\_ close:

Approximate number of guest expected:

 **RENTAL COSTS: $ 50.00/Hour Resident $ 75.00/Hour Non-Resident**

 **SECURITY DEPOSIT: $ 75.00**

**STAFF COSTS FOR POOL RENTALS**

**STAFF REQUIREMENTS**

 **Number of Patrons**

**(without slides or wading Pool) Staff Required Feature Staff Required**

under 50 4 Wading Pool 1

 50-100 5 Small Blue Slide 2

 over 101 6 Bowl Slide 2

 150-199 7

 200 and up 8

Total # of Staff\_\_\_\_\_\_ X $ 9.00 X Number of Hours\_\_\_\_\_\_\_\_ + Hourly Rate = **Total Staff Cost:** $\_\_\_\_\_\_\_\_

Number of Hours\_\_\_\_\_\_ X $50 R/$75 NR $\_\_\_\_\_\_ + Staff Cost $\_\_\_\_\_\_\_ = **Total Rental Cost:** $\_\_\_\_\_\_\_\_

**Fees should be paid with two separate checks for bookkeeping purposes.**

**Deposit is due at the time of the booking. Rental payment is due no later than two weeks before the rental.**

Signature of Applicant/Date Agent, Genoa Township Park District/Date

**Office Use Only**

Date Deposit Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash/Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Rental Fee Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash/Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_