Lakeland Center Rental Request

925 S. Giant City Rd.| 618-549-4222 Permit#_____Rental Date _____

Carbondale Parks
CARBONDALE PARK DISTRICT

Full Name (please print) _____ **Birthdate** _____

Organization (if applicable) _____

Address _____ **City** _____ **State**_____ **Zip**_____

Email _____

Primary Phone _____ **Secondary Phone**: _____

Best way to contact you (Select One) ☐ **Primary Phone** ☐ ☐ **Secondary Phone** ☐ **Email** ☐

Rental Dates _____ **Rental Days: S** ☐ **M** ☐ **Tu** ☐ **W** ☐ **Th** ☐ **F** ☐ **Sa** ☐ **# of Guests**_____

Rental Time (include 30 min. of set up & 30 min. of clean up) _____**to**_____ **Actual Event Time**____ **to**_____

Total Number of Hours_____ **Purpose of Event** _____

Rental Facilities Requested: Oakdale Gym or Sycamore Room

Will a Fee be Charged? ☐ **Yes** ☐ **No** **Open to the Public** ☐ **Yes** ☐ **No** ☐
Caterer Info: _____ **Other Information** _____

****Extra fee may be applied based on group size**

Lakeland Center Capacity Options*

Oakdale Gym 40 seated

Sycamore Room 20 seated

I have read all the Rules and Regulations attached. I understand and agree to them as a condition of my use of Carbondale Park District parks/facilities. I further understand that noncompliance with these conditions may result in loss of permit, additional fees and charges or any other applicable consequences under the ordinances of the Carbondale Park District or under the law.

Signature: _____ **Date:** _____

CarbondaleParks
CARBONDALE PARK DISTRICT

OFFICE USE ONLY - Total Charges

Damage Deposit. ..... **$**_____

Rental Fee _____**x** _____**hours.** ..... **$**_____

Refreshment Fee. ..... **$**_____

Equipment Fee. ..... **$**_____

Other. ..... **$**_____

Total. ..... **$**_____

Total Received. ..... **$**_____

Balance Due. ..... **$**_____

Balance Due On _____

Deposit Receipt Sent By _____

Date _____ ☐ **Via: Mail** ☐ **Email**

Confirmation & Invoice Sent By _____

Date _____ ☐ **Via: Mail** ☐ **Email**

OFFICE USE ONLY

Initial Contact_____ Date_____

Deposit $_____ Taken by _____ Date_____

Check # _____ Receipt #_____ CC: ☐ Amex V M ☐ Cash

Approved by_____ Date_____

Active entry by_____ Date_____ **PERMIT #** ☐

Calendar entry by_____ Date_____

Balance $_____ Taken by_____ Date_____

Check # _____ Receipt #_____ CC: ☐ Amex ☐ M ☐ Cash

Deposit: Refunded/Claimed Refunded by_____

Date Refunded_____ Via: Check/CC ☐ Notified: Mail/Email

Notes: