



Date of Application: \_\_\_\_\_

**All fees must be paid in advance of the event.**

Name of Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Designated Leader Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Date(s) Requesting: \_\_\_\_\_

Event Starting Time: \_\_\_\_\_

Event Finish Time: \_\_\_\_\_

Anticipated # in Attendance: \_\_\_\_\_

Anticipated # Under 18: \_\_\_\_\_

# of Adult Supervisors: \_\_\_\_\_

Will any fees or charges be involved with this event? Y N Describe: \_\_\_\_\_

Is group an IRS designated non-profit? Y N If Yes, provide ID #: \_\_\_\_\_

Please list any Special needs, instructions, or arrangements:	
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<b>Facility Room(S)/ Equipment Charges:</b>	
<b>Fee Schedule for Events:</b>	<i>(Check all that apply)</i>
St. Charles Unit Gymnasium      Main Gym      Small Gym      \$100.00 / hour	
O'Fallon Unit Gymnasium      \$100.00 / hour	
St. Charles Unit Games Room      \$50.00 / hour	
O'Fallon Unit Games Room      \$50.00 / hour	
St. Charles Unit Concession *      \$50.00 / hour	
O'Fallon Unit Kitchen*      \$75.00 / hour	
Tables / Chairs      \$100.00 /event	
* <i>Special conditions apply</i>	
<b>Fee Schedule for Practices:</b>	<i>(Check all that apply)</i>
St. Charles Unit Gymnasium      Main Gym \$75.00/ hour      Small \$50.00 / hour	
O'Fallon Unit Gymnasium      \$50.00 / hour	
<i>(Off season practices and outside organizations)</i>	
All Events, Practices and Room Rentals require a deposit. <b>(Please provide a separate check for the Deposit.)</b>	\$250.00

Total Due: \_\_\_\_\_

\*The refundable deposit will cover, in part, any damage to the facility or equipment, cleaning labor and supplies, or other related expenses. To ensure full refund of deposit, discuss requirements with Boys & Girls Clubs of St. Charles County representative prior to exiting the facility.

Name of Representative (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:** Approved: Y N By: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit: Check Amount \$ 250.00 # \_\_\_\_\_ Cash or Credit Card Payment Deposit Date: \_\_\_\_\_

Rental Payment: Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash or Credit Card Payment Date: \_\_\_\_\_