



# Facility Rental Application

Date Application and Deposit Submitted: \_\_\_\_\_

**All fees must be paid in advance of the event. No reservations are confirmed until payment is received.**

Provide instructions or room layout map if needed for arrangements on additional sheet.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Designated Leader Name: \_\_\_\_\_ Alternate Contact Name/ Phone: \_\_\_\_\_

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

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 If Yes, describe: \_\_\_\_\_

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

Facility Room(S)/ Equipment Charges:		Mark all that apply
<b>Fee Schedule for <u>Event Rentals</u>:</b>		
St. Charles Unit Gymnasium	Main Gym Small Gym \$100.00 / hour	
O'Fallon Unit Gymnasium	\$100.00 / hour	
St. Charles Unit Concession*(conditions apply)	\$75.00 / per event	
O'Fallon Unit Kitchen*	\$75.00 / per event	
Tables / Chairs - size & # needed-- 72" round _____ 6' rectangle _____ chairs _____	\$50.00 / per event	
<b>Required Cleaning Fee</b>	\$50.00 / per event	+ \$50.00 =
<b>Fee Schedule for <u>Practices/Games</u>:</b>		Mark all that apply
St. Charles Unit Gymnasium	\$50.00 / hour	
O'Fallon Unit Gymnasium	\$50.00 / hour	
<i>(Off season practices and outside organizations)</i>		
<b>Required Cleaning Fee</b>	\$30.00 / event	+ \$30.00 =
All Events, Practices and Room Rentals require a deposit of 50% of the total of \$250.00 to secure dates. (Please provide a separate check for the Deposit.)		A) 50% of event fees B) \$250.00 flat deposit fee \$ _____

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

*\*The refundable deposit will cover, in part, any damage to the facility or equipment, 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 \$ _____ Check # _____ /Cash/ Credit Card	Deposit Date: _____
Payment: Amount \$ _____ Check # _____ Cash/Credit Card	Date: _____