

Date: _____

Room Assigned: _____

Activity: _____



TOWNSHIP OF WORTH, TOWN HALL
11601 S. PULASKI ROAD
ALSIP, ILLINOIS 60803

PHONE: 708-371-2900
FAX: 708-371-2144

WORTH TOWNSHIP APPLICATION FOR USE OF FACILITY

Name of Applicant _____

Name of Organization _____

Type of Organization _____

Address _____
Street Address City / Village

Phone _____ Cell Phone _____

Fax _____ Email _____

Name of Contact Person _____

Age of Participants _____ Number of persons to be involved in use _____

Purpose of Meeting / Event and Requested Space _____

Request for: Month(s) _____ Week(s) 1__ WK.2__Wk.3__Wk.4__

Day(s) _____ Year(s) _____ Time _____

Starting Date/Time _____ Ending Date/Time _____

Name of adult supervisor(s) who will be present:

Name: _____ Phone: _____

HOURLY RENTAL RATES FOR TOWNSHIP ROOMS

New Gym: Resident* \$ 50.00
Non-Resident \$ 55.00

Old Gym: Resident* \$ 40.00
Non-Resident \$ 45.00

* Resident rate applied when 70% of the participants live within Worth Township.

As part of this application, it is hereby agreed that the **TOWN OF WORTH** shall not be held responsible for any injury, disease dismemberment, death and/or theft incurred in the use of the Township facilities by the applicant, organization, permittees, invitees or guests (collectively referred to as "Renter"). It is further agreed that Renter will restore the Township facilities to its original condition before leaving the premises. Renter shall be responsible for any damages incurred as a result of its use of the Township facilities. In addition, it is agreed that all activities will be limited to the designated area and no persons will travel to any of the other offices or rooms in the Township facilities. Hallways shall not be used as congregating places and any person under the age of 16 shall be supervised while using washroom facilities. A responsible person from the organization shall notify Building Security of arrival and departure time, and shall not exceed the limit of the time allowed as stated herein. No more than the maximum amount of persons permitted by law to occupy the designated Township facilities may be allowed in the space. Smoking and Alcohol are strictly prohibited in the Township facilities and use of any type of smoking material and/or alcohol shall be cause for immediate eviction and the organization shall be subject to a penalty. Renter shall comply with all local, state and federal codes and statues in its use of the Township facility. Renter shall be required to vacate the Township facilities and incur a penalty for any violation of the conditions contained herein, the Waiver and Hold Harmless Agreement and/or any illegal activity which includes, but not limited to, disturbances or damages to the neighboring properties and any other acts which would interfere with the neighbors' use and enjoyment of their property.

All costs and expenditures involved in the above named activity must be absorbed solely by named organization; the **TOWN OF WORTH** shall not be responsible for any expenses incurred by named organization. Any breach of the above agreed conditions **will result in immediate cancellation** of the terms contained herein and the named organization **will not be allowed** further use of the Township facilities.

You must notify the Township of any changes or cancellation of dates or times and change in name of the applicant and adult supervisor(s).

Accepted and Agreed this ___ day of _____, 20__:

Applicant's Signature _____

Name _____ **Title** _____
Please Print

Address _____
Street Address _____ **City / Village** _____

Phone _____ **Cell Phone** _____

Date _____

FOR OFFICE USE ONLY

Township Supervisor's Signature _____ **Date** _____

Payment: Deposit _____ Full Payment _____ Date _____

Form of Payment:

Cash: _____ Check # _____ Amount: _____

Notes:

Revised 6-14-13