



RESERVATION FORM
Sugar Grove Township Building
54 Snow Street

Meeting Date Requested: _____ Start Time: _____ End Time: _____

Meeting Room Requested:

Senior Center Room (capacity 25)

Conference Room (capacity 10)

Contact Person: _____

Phone # _____

Organization: _____

Address: _____ City: _____

Email: _____

Type of Meeting: _____

The Sugar Grove Township Building is an asset of the township and the privilege of using this building is restricted to residents or organizations of Sugar Grove Township. I swear or affirm that the purpose of my meeting room use is related to residents or organizations in Sugar Grove Township.

I will contact Karen at the Sugar Grove Park District at 630-466-7436 extension 12 for more information or to reserve a room at the Sugar Grove Township Building. If building use is approved, a key can be obtained from the Sugar Grove Park District office, 61 Main Street, during business hours Monday through Friday from 9am-4pm. After my meeting, I will return the key to the Sugar Grove Park District by dropping it in the locked DROP BOX located on the front of the Sugar Grove Park District building

I agree to defend, indemnify and hold the Township of Sugar Grove and the Sugar Grove Park District, its officials, agents, servants and employees, harmless from the payment of any sum or sums of money to any person, firm or corporation on account of any claim, suit, damage, injury, whether to persons or property, arising out of or in any way attributable to the use of this building. Indemnification provided shall include any expenses, including reasonable attorney's fees and costs, which the Township of Sugar Grove and the Sugar Grove Park District, its officials, agents, servants and employees may incur as a result of any such claim. In the event of any such claim, I agree to immediately retain counsel to provide such defense on behalf of the Township of Sugar Grove and the Sugar Grove Park District, its officials, agents, servants, or employees. The Township of Sugar Grove and the Sugar Grove Park District shall have the right to approve the selection of counsel, which approval shall not be unreasonably withheld.

I am responsible for any damages caused by my usage of the Township Building room. I further understand that I will leave the room in the clean condition expected. If I have any non-emergency issues while using the Township room, I will contact Karen on her cell phone at 630-461-5729. For all other emergencies, I will call 9-1-1 to reach the Sugar Grove Police Department or Sugar Grove Fire Department.

Printed Name: _____ Date: _____

Signature: _____ Key issued: _____