

LAKE COURT CENTER RENTAL APPLICATION

404 Lake Court, Dixon, IL 61021 (815) 652-2006

Event Date:	Time IN: Time OUT:
Renter's Name:	Phone:
Street Address:	
City, State, Zip:	
Renter's Email:	
Event Type:	
Approximate Number Attending Event:	
 The renter is responsible for any break The renter is responsible for set-up an The renter is responsible for closing an Alcoholic beverages are <u>prohibited</u> on Insurance naming Lost Lake RCD as a signed, notarized Liability Insurance A No smoking or vaping is permitted in the Music and noise must be held to a rea the right to terminate any event where Do Not Throw Rocks into the Lake. The event must end by 10:00 p.m. Cle A Security Deposit is required. The de 	cohol, \$200 with alcohol s (Non-RCD Tax Payer) \$60 per Hour with a 4-Hour Minimum cohol, \$400 with alcohol & Social Groups \$15 per Hour with a 2-Hour Minimum cohol, \$200 with alcohol wition is signed and the rental fees are paid to Lost Lake RCD. Kage and damage to the building and grounds. It is defined to the companient of the building and grounds. It is defined to the companient of the building appliances used. It is defined to the companient of the building appliances used. It is defined to the companient of the building appliances used. It is defined to the building appliance of the companient
I agree to the above terms and conditions.	
Renter's Signature	Today's Date
Please send the following to: Lost Lake Re	CD, 404 Lake Court, Dixon, IL 61021
☐ Signed Rental Application	☐ Liability Insurance Agreement, if applicable
☐ Payment 1: Security Deposit	☐ Certificate of Insurance, if applicable
□ Payment 2: Rental Fees	- Continuate of modification, if applicable