



## **RESERVATION FORM**

## Sugar Grove Township Building 54 Snow Street

Meeting Date Requested:	Start Time: End Time:
Meeting Room Requested:  Senior Center Room (capacity 2)	Conference Room (capacity 10)
Contact Person:	Phone #
Organization:	
Address:	City:
Email:	Type of Meeting:
	e township and the privilege of using this building is restricted to I swear or affirm that the purpose of my meeting room use is related p.
room at the Sugar Grove Township Building. If build District office, 61 Main Street, during business hours	at 630-466-7436 extension 12 for more information or to reserve a ling use is approved, a key can be obtained from the Sugar Grove Park Monday through Friday from 9am-4pm. After my meeting, I will ppping it in the locked DROP BOX located on the front of the Sugar
servants and employees, harmless from the payment of account of any claim, suit, damage, injury, whether to use of this building. Indemnification provided shall is which the Township of Sugar Grove and the Sugar Grove as a result of any such claim. In the event of an defense on behalf of the Township of Sugar Grove and	of Sugar Grove and the Sugar Grove Park District, its officials, agents, of any sum or sums of money to any person, firm or corporation on persons or property, arising out of or in any way attributable to the include any expenses, including reasonable attorney's fees and costs, rove Park District, its officials, agents, servants and employees may y such claim, I agree to immediately retain counsel to provide such d the Sugar Grove Park District, its officials, agents, servants, or agar Grove Park District shall have the right to approve the selection withheld.
leave the room in the clean condition expected. If I h	e of the Township Building room. I further understand that I will ave any non-emergency issues while using the Township room, I will r all other emergencies, I will call 9-1-1 to reach the Sugar Grove
Printed Name:	Date:
Signature:	Key issued: