



LINCOLN AREA YMCA
604 Broadway St., Suite #1
Lincoln, IL 62656
P: 217.735.3915
F: 217.735.1816
www.lincolnymca.org

The Lincoln Area YMCA will rent the Y Activity Center gymnasium and/or party room for events that include birthday parties, family reunions, gatherings and recreational activities. The Lincoln Area YMCA will not rent its facility for the operation of programs/events that are similar in nature to those the Y currently offers. The Lincoln Area YMCA reserves the final right to deny rental based on conflict of interest or nature of event.

RENTAL FEES:

- \$50.00 security deposit (please make this a separate payment from the rental fee)
- \$37.00 per hour* for current year YMCA members
- \$42.00 per hour* for non-YMCA members

**All gym rentals must be at least a minimum of two hours. Rental fees noted above include up to a maximum of 25 guests only per event. Rental fees increase by \$10.00 per hour for 26-40 guests in attendance and by \$15.00 per hour for 41-50 guests in attendance. Each rental is limited to a maximum of 50 guests per event. If guests are under the age of 18, there must be one (1) adult chaperone, age 21+ for every 12 children in attendance.*

- This completed/signed rental agreement (front/backside) and \$50 security deposit must be paid and received in the Y office to reserve the gym and/or party room. No exceptions.
- The rental fee must be paid in full and received at the YMCA office one week (7 days) prior to the reserved rental date.
- You may pick up your key to the facility 24 hours prior to the event unless your event is on Sunday. Weekend rentals should pick up the key no later than 12:00 noon on the preceding Friday.
- The YMCA requires a one week (7 days prior to the rental date) written notice to cancel your rental agreement in order for the Y to return the paid security deposit.
- After the rental, the security deposit will be returned when the facility key has been returned to the Y office and the Activity Center has been inspected to be shown it was left in the same condition it was received (no damage to the facility/property, rented space is left in a clean condition, all lights are turned off, all doors/windows are closed and locked).

I understand that rental of the Y Activity Center gymnasium and/or party room requires me to accept responsibility for payment of any medical services rendered due to illness or injury of myself or any guests attending during the scheduled rental time. I understand there is no YMCA supervision at the Y Activity Center during the agreed rental period and I hereby release the Lincoln Area YMCA, its staff, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA or Odd Fellows Gym Facility from responsibility and liability due to injury or illness that I or my invited guests sustain during the rental period. I have read the above rental agreement and agree to its requirements.

Signature

Date



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PLEASE READ AND SIGN THE FRONT PAGE OF THIS FORM BEFORE COMPLETING BELOW:

Name of Group/Organization _____

Contact Person _____ Cell Phone _____

Daytime Phone _____ Evening Phone _____

Address, City, State, Zip _____

RENTAL INFORMATION:

Please check which room(s) you will need: _____ Gymnasium _____ Party Room

Date Needed _____ Time Needed _____

Number of Expected Guests _____ Approx. Age of Guests _____

Will Food Be Served _____ Yes _____ No _____ Number Tables/Chairs Needed _____

Comments: _____

OFFICE USE ONLY

SECURITY DEPOSIT: Amount Paid \$ _____ Check/Cash Receipt # _____
 Date Received _____ Staff Initials _____
 Date Returned to Renter _____ Staff initials _____

RENTAL FEES: Rental Agreement Received _____ Yes (Rentals must be a minimum of 2 hours.)
 Number of Guests Attending _____ Number of Hours _____ Rental Date & Time _____
 Amount Paid \$ _____ Check/Cash Receipt # _____ Date Received _____
 Staff Initials _____

KEYS: Date Key Given to Renter _____ Date Key Returned to YMCA _____
 Staff Initials _____ Staff Initials _____

ADMINISTRATION FACILITY CHECK: Date Checked _____ Staff Initials _____
 Comments: _____
