

___/___/___ Date Approved

ARLINGTON HEIGHTS PARK DISTRICT

___ Recreation Supervisor

\$___ Approved Fee

APPLICATION FOR USE

___ Recreation Superintendent

___/___/___ Permit Sent

COMMUNITY CENTERS/PARKS/OTHER

___ Director of Recreation

___ Initial

___ Director of Parks

___ Executive Director

GENERAL INFORMATION:

The Arlington Heights Park District will not discriminate against eligible residents for participation on the basis of a disabling condition. We invite any resident with a special need to contact our staff upon submitting the application.

NAME OF APPLICANT _____

HOME ADDRESS _____

CITY

STATE

ZIP

HOME PHONE _____ BUSINESS PHONE _____

FUNCTION INFORMATION:

TYPE OF FUNCTION: _____

DATE (S) & DAY (S): _____ YEAR _____

NAME OF COMMUNITY CENTER/PARK/OTHER _____ TIME _____

CHECK THE AREA YOU ARE REQUESTING

- | | | | |
|------------------------|------------------------------|---------------------------------|---------------|
| ___ Gym | ___ Picnic Grove/Green Space | Additional Permit Required for: | |
| ___ Large Meeting Room | ___ Pool | | Ball Diamond |
| ___ Small Meeting Room | | | Tennis Courts |

EQUIPMENT NEEDED IN COMMUNITY CENTER:	___ Number of Chairs	___ Number of Long (6') Tables (preschool)
	___ Number of Card Table	___ Number of Long (6') Tables (adult)

EQUIPMENT NEEDED IN PARK (HOMEOWNER GROUPS ONLY)	___ # of Garbage Cans/w Liners	___ Picnic Table Trailer
	___ # of 20' x 20' tents (2 max.)	___ 20' x 40' tent (one max.)

Will your group be bringing any materials, equipment, or food on premises? ___NO ___ Yes

IF YES, DESCRIBE: _____

NUMBER OF PERSONS ATTENDING____ AGE GROUP____ # OF RESIDENTS OF PARK DISTRICT____

ADMISSION CHARGE OR DONATION? ____No ____ Yes IF YES, HOW MUCH AND WHY?

IF YES, PLEASE PROVIDE THE FOLLOWING:

NAME OF ORGANIZATION_____

ADDRESS_____

WHEN ORGANIZED_____ PURPOSE_____

TYPE OF ORGANIZATION: ____ Service Club ____ Youth ____ Senior
____ Social ____ Recreational ____ Cultural ____ Athletic
____ Political ____ Religious ____ Other_____

IS IT NOT PROFIT? ____ YES ____ NO

WHERE WERE MEETINGS HELD PREVIOUSLY?_____

NAME & PHONE NUMBERS OF TWO (2) ADDITIONAL MEMBERS THAT PARK DISTRICT MAY CONTACT:

Name Number

Name Number

Signature of Applicant

Date

PLEASE DIAGRAM SET-UP:

FOR STAFF USE ONLY:

Please indicate below how the fee was calculated.

Does the group need to provide a Certificate of Insurance? Yes____ No____

If yes, please indicate below the individual that will be sending you the Certificate of Insurance.

REMEMBER, THE CERTIFICATE OF INSURANCE SHOULD INCLUDE THE ARLINGTON HEIGHTS PARK DISTRICT AS “ADDITIONAL INSURED”.

Name _____ Phone Number_____

If you question whether the group needs to provide a Certificate, please contact the Superintendent of Recreation.