/ Date Approved \$ Approved Fee // Permit Sent Initial Application Revised 3-14	ARLINGTON HEIGHTS PARK APPLICATION FOR US COMMUNITY CENTERS/PARK PARK DISTRICT ORDINAN RULES AND REGULATION APPLY TO ALL PARK REM	SE Supt. of Recreation Supt. of Recreation Director of Recreation Director of Parks
	istrict will not discriminate against eligible	residents for participation on the basis of a t our staff upon submitting the application.
NAME OF APPLICANT	EN	MAIL ADDRESS
HOME ADDRESS	CITY	
HOME PHONE	BUSINESS PHONE	CELL PHONE
<b>FUNCTION INFORMATIO</b> TYPE OF FUNCTION:	<u>DN:</u>	
DATE (S) & DAY (S) & TIM	E:	YEAR
NAME OF COMMUNITY C	<pre>FR /PARK/OTHER 1<sup>st</sup> choice</pre>	2 <sup>nd</sup> choice
2	CHECK THE AREA(S) YOU ARE I	
Gym	Picnic Grove/Gree	en Space Additional Permit Required for:
Large Meeting I	Room Pool	Ball Diamond
Small Meeting I	Room	Tennis Courts
EQUIPMENT NEEDED AVAILABLE ONLY AT	Number of Chairs	Number of Long (6') Tables (preschoo
COMMUNITY CENTERS:	Number of Card Tables	Number of Long (6') Tables (adult)
EQUIPMENT NEEDED IN PA (HOMEOWNER GROUPS ON		
	ny materials, equipment, or food on premis al use fee of \$25 may be added to groups th	es?NOYes hat wish to bring materials, equipment or service
IF YES, DESCRIBE:		
	District locations/ parks are where grilling i	is allowed May 1 through November 1; Arlington, Patriots, Pioneer, Recreation and

Please indicate whether you plan to grill during your activity \_\_\_\_\_NO \_\_\_\_YES

			· · · · · · · · · · · · · · · · · · ·
IF YES, PLEASE PROVIDE THE	FOLLOWING:		
NAME OF ORGANIZATI	ION		
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 HEL	D PREVIOUSLY?		
Name Signature of Applicant	Number	Name Date	Number
PLEASE DIAGRAM SET-UP:			
PLEASE DIAGRAM SET-UP:	was calculated. If you one	estion whether the group need	s to provide a Certificate. pleas
PLEASE DIAGRAM SET-UP: FOR STAFF USE ONLY: Please indicate below how the fee v		estion whether the group needs	s to provide a Certificate, pleas
PLEASE DIAGRAM SET-UP: FOR STAFF USE ONLY: Please indicate below how the fee v contact the Superintendent of Recre	eation.		
PLEASE DIAGRAM SET-UP: FOR STAFF USE ONLY: Please indicate below how the fee v contact the Superintendent of Recre Does the group need to provide a C If yes, please indicate below the inc REMEMBER, THE CERTIFICA PARK DISTRICT AS "ADDITIC	eation. Certificate of Insurance? dividual that will be sendin <b>ATE OF INSURANCE S</b>	Yes <u>No</u> No	ance.