



APPLICATION FOR USE – COMMUNITY CENTERS, PARKS, OTHER

PARK DISTRICT ORDINANCE 260 RULES AND REGULATIONS APPLY TO ALL PARK RENTALS

The Renter will comply with guidance put forth by the IL DCEO or any other federal, State or local agency with authority in regards to the Restore Illinois phased approach and plans.

The Renter must be prepared to cease and desist activities if the IL DCEO or any other federal, State or local agency with authority determines that the state or region backslides to a previous phase.

Revised 6/15/20

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 this application.

NAME OF APPLICANT _____ BIRTHDATE _____

HOME ADDRESS _____ CITY/ST/ZIP _____

EMAIL _____ GENDER _____

CELL PHONE _____ SECOND PHONE _____

ORGANIZATION _____

NAME _____

ADDRESS _____

TYPE (athletic, service, recreational, etc.) _____

IS THIS A NOT-FOR-PROFIT ORGANIZATION? ___ YES ___ NO

NAME AND PHONE OF TWO ADDITIONAL PEOPLE THE PARK DISTRICT MAY CONTACT REGARDING THE RENTAL:

NAME/PHONE _____ NAME/PHONE _____

EVENT INFORMATION

TYPE OF EVENT _____

DATE(S), DAY(S), TIME(S) _____ YEAR _____

NUMBER OF PERSON ATTENDING _____ AGES _____ # OF AHPD RESIDENTS _____

IS THERE AN ADMISSION CHARGE OR DONATION FOR THIS EVENT? ___ YES ___ NO

If yes, what is the amount and purpose of the fee? _____

FACILITY/PARK REQUESTED: 1st choice _____ 2nd choice _____

*****PLEASE INDICATE THE TYPE AND NUMBER OF SITES YOU ARE REQUESTING*****

_____ Gym _____ Tennis Courts _____ Pool

_____ Small meeting room (under 26 people) _____ Large meeting room (over 25 people)

_____ Picnic Grove/Greenspace _____ with pavilion (accommodates 40 people) _____ with grill site*

***Grilling is only allowed at Camelot, Centennial, Frontier, Hickory Meadows, Patriots, Pioneer, Recreation, and Sunset Meadows from May – November, 9am – 8pm. Must provide own grill and follow all AHPD procedures regarding grilling.**

ADDITIONAL EQUIPMENT NEEDED

OUTDOOR EVENTS

_____ Portable bathroom (additional charge per unit) _____ # of additional trash cans

INDOOR EVENTS

_____ Number of 6' Tables (preschool) _____ Number of Chairs

_____ Number of 6' Tables (adult) _____ Number of Card Tables

Will your group be bringing additional materials, equipment, or food on premises? _____ YES _____ NO

If yes, please describe _____

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY

Fee calculation

_____ Date approved

_____ Supervisor

_____ Approved fee

_____ Manager of Rec Facilities

_____ Permit sent

_____ Director of Recreation

_____ Permit finalized

_____ Executive Director

PLEASE DIAGRAM YOUR EVENT SET-UP (Table and chair set-up, field layout, etc. Please include streets, doorways, fencing, etc. as reference points.)

