

NUMBER OF PERSONS ATTENDING _____ AGE GROUP _____ # OF RESIDENTS OF PARK DISTRICT _____

ADMISSION CHARGE OR DONATION FOR THE EVENT? _____ 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. If you question whether the group needs to provide a Certificate, please contact the Superintendent of Recreation.

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 _____