



**APPLICATION FOR USE – COMMUNITY CENTERS, PARKS, OTHER**  
**PARK DISTRICT ORDINANCE 260 RULES AND REGULATIONS APPLY TO ALL PARK RENTALS**

Revised 4/22/19

**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: 1<sup>st</sup> choice** \_\_\_\_\_ **2<sup>nd</sup> choice** \_\_\_\_\_



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

