



ARLINGTON HEIGHTS PARK DISTRICT  
APPLICATION FOR FIELD USE

\_\_\_\_ Recommended Fee  
\_\_\_\_ Center Director  
\_\_\_\_ Supervisor  
\_\_\_\_ Director  
\_\_\_\_ Executive Director

NAME OF APPLICANT \_\_\_\_\_  
NAME OF ORGANIZATION \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**FUNCTION INFORMATION:**

TYPE OF FUNCTION:

\_\_\_\_\_  
DATE(S) & DAY(S) \_\_\_\_\_ YEAR \_\_\_\_\_  
NAME OF PARK 1<sup>ST</sup> CHOICE \_\_\_\_\_ TIME \_\_\_\_\_  
2<sup>ND</sup> CHOICE \_\_\_\_\_ TIME \_\_\_\_\_

\*\*\* USE REVERSE SIDE FOR ADDITIONAL DATES IF NECESSARY \*\*\*

NUMBER OF PERSONS ATTENDING \_\_\_\_\_ AGE GROUP \_\_\_\_\_  
NUMBER OF RESIDENTS OF PARK DISTRICT \_\_\_\_\_  
ADMISSION CHARGE OR DONATION? \_\_\_\_ No \_\_\_\_ Yes IF YES, HOW MUCH AND WHY? \_\_\_\_\_

WILL YOUR GROUP BE BRINGING ANY MATERIALS, EQUIPMENT OR FOOD ON PARK PREMISES? \_\_\_\_ No \_\_\_\_ Yes  
IF YES, DESCRIBE \_\_\_\_\_

**THE PARK DISTRICT DOES NOT ALLOW BEER OR LIQUOR IN THE PARKS. VIOLATORS ARE SUBJECT TO ARREST.**

NAME AND PHONE NUMBER OF TWO (2) ADDITIONAL MEMBERS THE PARK DISTRICT MAY CONTACT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

Date

AHPD STAFF USE ONLY DO NOT WRITE BELOW THIS BOX

DATE APPROVED \_\_\_\_\_

APPROVAL FEE \_\_\_\_\_