



2 LAGOON DRIVE - HAWTHORN WOODS, ILLINOIS 60047 - (847) 438-5500 FAX 847-438-1459
DEPARTMENT OF PARKS AND RECREATION

PARK FACILITY USAGE PERMIT

NAME OF PARKSITE _____

PARK AREA TO BE USED _____ NO. OF PEOPLE _____

DAY(S) OF WEEK _____ DATE(S) _____

TIME: _____ A.M. P.M. (Circle One) to _____ A.M. P.M. (Circle One)

TYPE OF ACTIVITY _____

NAME OF ACTIVITY LEADER _____

ADDRESS _____ PHONE _____

VILLAGE/CITY _____ ZIP CODE _____

LIST OTHER CONTACT PERSONS _____ PHONE _____

PERMISSION TO USE THE ABOVE-NAMED PARK FACILITY IS HEREBY GRANTED, SUBJECT TO CONDITIONS AS DESCRIBED BELOW:

APPROVED _____ DATE _____
For Park and Recreation Department

CONDITIONS:

- *Adult Members of the group or organization accept the responsibility to prevent use of alcohol or tobacco products during the above activity*
- *Adult members shall remove brought in garbage from the site. (Please report filled garbage cans from previous group)*

ACCEPTED: _____ DATE _____
Organizational Representative

COMMENTS: _____

KEEP ORIGINAL RETURN ONE COPY