

LAKE FOREST PARKS AND RECREATION DEPARTMENT

2019 PARK PAVILION RESERVATION FORM

400 Hastings Road / Lake Forest, IL / 60045 / (847) 234-6700 / (847) 615-4251 fax

Application for Lake Forest Residents ONLY

Pertinent Information:

Date of Requested Use: _____ Time: From _____ (AM/PM) to _____ (AM/PM)
Applicant Name: _____ Phone Number: _____
Address: _____
Organization/Sponsor: _____ Estimated number in Group: _____
Email Address: _____

Requested Park (capacity): Check One

_____ Elawa Farm Park (50) _____ Everett Park (100) _____ Northcroft Park (150)
_____ South Park (100) _____ West Park (100) _____ Townline Park (200)

Planned Use: Check All Items That Apply

_____ General Gathering _____ Ball Diamond Usage _____ *Special Event _____ Other (type): _____

* Events which take City resources away from their daily operations, as well as events that have a direct impact upon public property, traffic flow in the City or public health & safety are classified as a Special Event, and are required to be processed according to the City's Special Event Policy. For additional information, contact City Hall at 847/810-3675.

_____ **Special Requests** – Such as: Live/Amplified Music, DJ, Bouncy Houses, etc.

Special Requests must be submitted to the Superintendent of Recreation for final approval. Please describe your special request:

Superintendent of Recreation Approval: _____ Date: _____

Alcohol - If you will be having alcohol at your event, you will need to get a liquor license at City Hall once this application is approved.

Please contact Margaret Boyer at (847) 810-3674 or boyerm@cityoflakeforest.com.

Fees:

Permit Fee (Townline, Northcroft \$150; All Others \$100) _____
Not for Profit Fee (Townline, Northcroft \$125; All Others \$75) _____
Refundable Litter Deposit (required) **\$150**
Additional Hours (\$25 for each additional hour after 6 hours) _____
Total: _____

Signature of Applicant

Signature of applicant acknowledges and represents Applicant's agreement to adhere to City's Park Permitting Policy and other applicable City rules and regulations as well as the American with Disabilities Act.

Date Submitted

PLEASE RETURN TO RECREATION CENTER FRONT DESK

Conditions of Approval _____
Program Manager Approval: _____ Date: _____ Anthony Anaszewicz email: anaszewa@cityoflakeforest.com

Payment Method: Check One (Circle CC Type if Using CC)

_____ Cash _____ Check _____ Visa / MC / Discover / AMEX Security Code _____

Card #: _____ Exp. Date: _____ Signature: _____