LAKE FOREST PARKS AND RECREATION DEPARTMENT
PARK FACILITY/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

_____ **Deerpath Park(200)** _____ **Elawa Farm Park(50)** _____ **Everett Park(100)** _____ **Northcroft Park(150)**

_____ **South Park(100)** _____ **Waveland Park(50)** _____ **West Park(100)** _____ **Townline Park(200)**
(Additional Approval Required)

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 (Deerpath, Townline, Northcroft $125; All Others $75) . . . . . _____
Not for Profit Fee (Deerpath, Townline, Northcroft $100; All Others $50) . . . . . _____
Refundable Litter Deposit (required) **$150**
Additional Hours ($25 for each additional hour after 6 hours) . . . . . _____
Additional Fees (Extra grills: $85/each, Extra tables: $25/each) . . . . . _____
Total: _____

_____ _____
Signature of Applicant **Date Submitted**

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.

PLEASE RETURN TO RECREATION CENTER FRONT DESK

Conditions of Approval _____

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

Payment Method:

_____ **Cash** _____ **Check** _____ **Visa / Mastercard /Discover** **Security Code**_____

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