

LAKE FOREST PARKS AND RECREATION DEPARTMENT
 BEACH PAVILION RESERVATION FORM

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

Application for Lake Forest Residents ONLY
NO ALCOHOL Allowed

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 Pavilion: Check One (Pavilion Reservations are limited to 4 hours)

_____ Boat Pavilion (50) _____ South Pavilion (100) _____ Fire Circle (25)

Planned Use: Check All Items That Apply

_____ General Gathering _____ Grill 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, etc.
 Special Requests must be submitted to the Superintendent of Special Facilities for final approval. Please describe your special request:

Superintendent of Recreation Approval: _____ Date: _____

Parking Passes: Indicate Number Requested

_____ Passes (MAX 10 free for Boat Pav/Fire Cir & MAX 10 free for South Pav) _____ Additional Passes (MAX 5 @ \$10/ pass)

Fees:

Regular Permit Fee (\$100)	_____
Not for Profit Permit Fee (\$75)	_____
Refundable Litter Deposit (required)	\$150
Additional Parking Passes (up to 5 allowed – Upper South Lot)	_____ passes @ \$10/each
Additional Picnic Tables	_____ tables @ \$25/each
	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 _____
 Lake Front Manager Approval: _____ Date: _____ Aaron Dalzot email: dalzota@cityoflakeforest.com

Payment Method:

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

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