



Mt. Prospect Park District

Lions Recreation Center
411 Maple Street
Mt. Prospect, IL 60056
P(847) 632-9333 F(847) 632-9325

Park Permit Request Form

Park permit request must be submitted a minimum of **2 weeks** prior to date requested. All information must be completed for application to be reviewed. Park permit requests will be reviewed in order they are received. **Once a park permit receives approval, any necessary fees and insurance certificates must be submitted prior to park permit being issued.** A park permit entitles use of open space in the reserved park. Park permit does not entitle exclusive use of playground equipment or use of athletic fields. Park permit rules will be available if permit is approved. Park permit requests should be submitted to: parkspermit@mppd.org. Any questions please contact Christina or Heidi at Lions.

CONTACT INFORMATION

Today's Date: _____

CONTACT/ORGANIZATION			
EMAIL ADDRESS		PRIMARY PHONE #	
STREET ADDRESS	CITY	ZIP	STATE

PERMIT REQUEST INFORMATION

DAY/DATE REQUESTED	ALTERNATE DAY/DATE	
START TIME (Including Set Up Time)	END TIME (Including Clean Up Time)	EXPECTED NUMBER OF ATTENDEES

PARK REQUESTED	TYPE OF ACTIVITY
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Park locations are listed on our website—www.mppd.org—or park district brochure. Restrooms/Port-O-Potty available at select parks.

Park Permit Fees:

15-50	\$60
51-100 GUESTS	\$95
OVER 100 GUEST:	CONTACT CHRISTINA OR HEIDI AT LIONS RECREATION CENTER

USE OF PERSONAL GRILL (Charcoal Only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
USE OF PERSONAL PORTABLE TENT (10X10 Only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
USE OF SHELTER (see website or brochure for locations)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NUMBER OF PICNIC TABLES _____

OFFICE USE ONLY Permit request received on:

CERTIFICATE OF INSURANCE NEEDED	<input type="checkbox"/> YES <input type="checkbox"/> NO	Received on: _____
PARK PERMIT FEE	\$ _____	
ADDITIONAL GUESTS OVER 100 FEE	\$ _____	
TOTAL FEE	\$ _____	

RECEIVED BY _____

DATE RECEIVED _____