



Vernon Hills Park District FIELD USAGE PERMIT FORM

Name of Organization: _____

Name of Applicant: _____

Mailing Address: _____

Home Phone: _____ Work or Cell Phone: _____

Applicant Classification (Circle one): A B C D
Classification definitions are located on the first page of this packet.

Sport requested (Circle one): Baseball Soccer Other

Other – please specify: _____ Field Preference: _____

Date(s) requested: _____ Number of people expected: _____

Time(s) requested: From: _____ To: _____

Payment (if applicable) - To be completed by Park District staff

Hourly fee:	\$_____ @ _____ hours @ _____ days	Extended fee:	_____
Lights:	\$30/hr @ _____ hours @ _____ days	Lights total:	_____
Supervisor:	\$20/hr @ _____ hours @ _____ days	Staff total:	_____
		Total Fee:	\$_____

I have read and understand the attached Field Usage & Soccer Goal Policies and do hereby agree to comply with the rules and regulations outlined in these policies. I understand that the Vernon Hills Park District has the right to revoke this permit without refund (if applicable) if these rules are not followed.

Permit Holder Signature

Please Print Permit Holder Name

Approval Signature: _____ Date: _____

Name and Title: _____

The Vernon Hills Police monitor all Vernon Hills Park District fields. If problems occur, please call (847) 367-4449. If you have any questions regarding scheduling conflicts or if you notice any damage to fields, please contact the Sullivan Community Center at (847) 996-6800. 1-9-07