



# Vernon Hills Park District Athletic Field Permit Application Form

Name of Applicant: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Event Name/Type: \_\_\_\_\_

Applicant Classification: \_\_\_\_\_ Field Type: \_\_\_\_\_

Number of people expected: \_\_\_\_\_ Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time: Start \_\_\_\_\_ End \_\_\_\_\_

**Payment (if applicable) - to be completed by Park District Staff**

Rental Fee: \$ _____	X _____	hours	X _____	fields	X _____	days	Sub-Total \$ _____
Lights: \$40	X _____	hours	X _____	fields	X _____	days	Sub-Total \$ _____
Supervisor: \$20	X _____	hours	X _____	fields	X _____	days	Sub-Total \$ _____
<input type="checkbox"/> paid in full	<input type="checkbox"/> payment arrangements						<b>Total Fee \$ _____</b>

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

\_\_\_\_\_  
Printed Name

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & 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.*