

## Vernon Hills Park District Athletic Field Permit Application Form

Organization:  Mailing Address:  Home Phone:  E-Mail:  Event Name/Type:  Applicant Classification:  Date(s):  Time:  Start  End  Payment (if applicable) - to be completed by Park District Staff  Rental Fee: \$ x hours x fields x days  Lights: \$40 x hours x fields x days  Sub-Total \$  Supervisor: \$20 x hours x fields x days  Sup-Total \$  Supervisor: \$20 x hours x fields x days  Daytime Phone:  Daytime Phone:  End  Sup-Total \$  Sub-Total \$  Sub-Total \$  Sub-Total \$  Sub-Total \$  Sub-Total \$  Sub-Total \$  Sup-Total \$  Sup-T	Name of Applicant:					
Home Phone:						
Home Phone:  E-Mail:  Event Name/Type:  Applicant Classification:  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 \$  Supervisor: \$20 x hours x fields x days Sub-Total \$  Supervisor: \$20 x hours x fields x days Sub-Total \$  Supervisor: \$20 x hours x fields x days Sub-Total \$  I have read and understand the attached Field Usage & Soccer Goal Policies and do hereby agree to comply with the rule and regulations outlined in these policies. I understand that the Vernon Hills Park District has the right to revoke this per without refund (if applicable) if these rules are not followed.						
Applicant Classification:    Field Type:						
Applicant Classification: Field Type: Location:    Date(s):	E-Mail:					
Number of people expected:  Date(s):  Time: Start	Event Name/Type:					
Time: Start End  Payment (if applicable) - to be completed by Park District Staff  Rental Fee: \$	Applicant Classification:				Field Type:	
Time: Start	Number of people expected:				Location:	
Payment (if applicable) - to be completed by Park District Staff  Rental Fee: \$	Date(s):					
Payment (if applicable) - to be completed by Park District Staff  Rental Fee: \$	Time:	S	Start		End	
Lights: \$40  x  hours  x  fields  x  days  Sub-Total \$  Supervisor: \$20  x  hours  x  fields  x  days  Sub-Total \$  paid in full  payment arrangements  Total Fee \$  I have read and understand the attached Field Usage & Soccer Goal Policies and do hereby agree to comply with the rule and regulations outlined in these policies. I understand that the Vernon Hills Park District has the right to revoke this per without refund (if applicable) if these rules are not followed.	Payment (if applicable)	- to be comp	leted by Park Di			
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Permit Holder Signature Printed Name	and regulations outlined	d in these pol	icies. I understa	nd that the Ve		
	Permit Holder Signature					Printed Name
Approval Signature: Date: Date:						Date:

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.