

MUNDELEIN PARK & RECREATION DISTRICT  
1401 North Midlothian Road - Mundelein, IL 60060  
(847) 566-0650

**FAXED PERMITS WILL NOT BE ACCEPTED**

Date Received: _____
Time Received: _____
Number: _____

**Mundelein Little League / Mundelein Football League / AYSO  
ATHLETIC FIELD PERMIT APPLICATION**

**Only two days per week will be approved per team.  
Only two hours per day - weekdays: 4:00 - 6:00 p.m. OR 6:00 - 8:00 p.m.  
Weekends Starting at 8:00 a.m.**

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Coach AND Organization Requesting Field: \_\_\_\_\_

Team Name and League: \_\_\_\_\_

Address: \_\_\_\_\_ Field Request: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ 1st Choice: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ 4th Choice: \_\_\_\_\_

Number of People Expected to Attend: \_\_\_\_\_

Days of the Week Requested: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**IF YOUR REQUESTS ARE UNAVAILABLE, PLEASE RANK WHICH IS MOST IMPORTANT TO YOU:**  
**Field \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_**

**PLEASE NOTE THAT OTHER FIELDS, DAYS AND TIMES MAY BE ASSIGNED PENDING AVAILABILITY**

Nature of Activity for Permit Request:  Baseball/Softball  Football  Soccer  Other

As the organization or individual granted the use of the above field request, it is understood that the following shall be abided to:

- \* **No Alcoholic beverages or illegal substances will be consumed or brought onto the premises.**
- \* **Shall be responsible for any damage to the park grounds.**
- \* **Shall assume liability for all persons in attendance.**
- \* **Shall vacate the field at the hour designated in the application.**
- \* **Shall be responsible for leaving the park clean and uncluttered.**
- \* **The Park District shall not be responsible for lost, stolen, or damaged properties of the permit holder.**
- \* **All permits are contingent upon weather conditions and the park district reserves the right to cancel permits as it deems necessary.**

Signature of Applicant: \_\_\_\_\_

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**OFFICE USE ONLY**

Request Approved:  Yes  No  Modified Authorization: \_\_\_\_\_

Field: \_\_\_\_\_ Dates: \_\_\_\_\_

Days/Times: \_\_\_\_\_ Additional Info: \_\_\_\_\_