



MUNDELEIN PARK & RECREATION DISTRICT

1401 North Midlothian Road, Mundelein, IL 60060
P: 847.566.0650 F. 847.566.8557

OFFICE USE ONLY
Rental Number: _____
Routed to: _____

Park & Picnic Permit Application

Permits must be submitted at least 14 days prior to requested date for groups of 10 or more.

Today's Date: _____

Applicant's Name: _____ DOB: _____ Organization: _____
*(Person responsible) (Date of Birth) (*Must provide a certificate of liability insurance.)*

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alt. Phone: _____ Email: _____

Day(s) and Date(s) requested: _____ Hours*: _____ to _____
Park Ground Hours: 9:00 am to Dusk

Type of Event: _____ Number of Guests: _____

Park Requested: _____ Field Requested: _____

Will there be an admittance fee to this event? Yes No

Permit Deposit (due today): \$100 _____	*Organization provided a certificate of liability insurance.
Additional Fees (if applicable): \$ _____	Yes No
Total: \$ _____	

PARK PERMIT RULES: The individual or organization listed above understands the following:

- Consumption of alcoholic beverages or products is prohibited on park district park grounds.
- Permit Holder is responsible for any dam age to park grounds.
- Permit Holder assumes liability for all persons in attendance.
- Permit Holder is responsible for cleaning up trash, decorations, food, etc. before leaving the park.
- Permit Holder will vacate the park grounds at the hour approved or earlier.
- All permits are contingent upon weather conditions. The park district reserves the right to cancel permits as necessary.
- The Mundelein Park & Recreation District is not responsible for lost, stolen or dam aged properties of the Permit Holder.
- If you are an organization, using any MPRD Facility, you will be required to provide us with a \$1,000,000.00 Certificate of Liability Insurance, naming the Mundelein Park District as additionally insured on the policy.

I confirm that I have read, understand & signed the Rental Agreement, that the above information has been completed honestly and accurately, and further understand if any information is found not to be true, the rental event will be canceled by the Park District and my security deposit will be forfeited.

Signature of Applicant: _____ Date: _____

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AUTHORIZATION	Approved Denied By Facility Supervisor: _____ Date: _____ Instructions: _____ _____ _____
PAYMENT	Deposit Amt: \$ _____ Date: _____ Cash: _____ Check#: _____ By: _____ Deposit Amt: \$ _____ Date: _____ Cash: _____ Check#: _____ By: _____ Rental Amt: \$ _____ Credit Card: <input type="radio"/> Visa <input type="radio"/> MC <input type="radio"/> Disc <input type="radio"/> Amex Last 4# _____ CVV _____ Auth # _____
STAFF REPORT	Employee Assigned: _____ Pre-rental Inspection Time of Arrival: _____ Time of Departure: _____ Condition of Facility Prior to Event: _____ _____ _____ Time of Arrival: _____ Time of Departure: _____ Condition of Facility After Event: _____ _____ _____ List Any Damages or Problems: _____ _____ _____ Signature of Employee: _____ Date: _____
FACILITY SUPERVISOR'S REVIEW	Amount of Deposit to be Refunded: _____ Facility Supervisor: _____ Date: _____ Comments: _____ _____ _____
REF PROCESS	Date Requested: _____ Requested by: _____ Amount: _____ Date Processed: _____ Processed by: _____ Date Mailed: _____ By: _____