FOX VALLEY PARK DISTRICT

Park Shelter Reservation Form

For office use only	
RECEIVED BY	DATE
CONTRACT NUMBER	

Applicant name					
Organization (if representing one)					
Street Address					
City	ZIP				
Cell Phone Number* *Please provide phone number where we can reach you throughout the week	_ Home Phone Number				
Email Address		Status:		□ 501(c)(3)* (c)(3) must be p	
Event Logistics					
Location of Event					
Date of Event	Start Time		End Time	·	
Expected Attendance					
Type/Function of Event (ex. picnic, birthday party, reunion)					
Describe any entertainment/activities planned (ex. DJ, moon jump,	food)				
Will there be any charge for attendance or will donations be accept Are you publicly promoting the event? Yes No	ted for this event?	? □ Yes	□ No		
If yes, how will your event be promoted?					
□ Radio □ Television □ Newspaper □ Posters/fliers □ Fa	acebook 🗖 Oth	er			
List website if applicable					
Continue to checklist on next page >>					



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I acknowledge if I wish to use a contracted service such as a moon jump, portable restrooms, tents or food vendor,

Other Amenities Checklist

I will use a Fox Valley Park District approved ven	dor and provide notice of at least 2 weeks before my event by calling 630-897-0516.
Please check any of the following that you are anticipated	ating using for your event and list the vendor that will be providing the service:
□ Moon Jump**	□ DJ
☐ Food Vendor	□ Portable Restroom
□ Clown	☐ Face Painter
□ Tent**	□ Other
** Moon jumps and tents are not allowed at Austin Park.	
Acknowledgement of Re	servation Request
I acknowledge other fees may apply to the reservence present at the event.	vation, such as costs incurred for additional Fox Valley Park District Police officers required bein
SIGNATURE	DATE
PRINT NAME	