

FOX VALLEY PARK DISTRICT

Cool Acres

Reservation Form

For office use only

RECEIVED BY _____ DATE _____

CONTRACT NUMBER _____

Applicant Information

Applicant name _____

Organization (if representing one) _____

Street Address _____

City _____ ZIP _____

Cell Phone Number _____ Home Phone Number _____

Email Address _____ Status (check one that applies) Individual Other

Event Logistics

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 accepted for this event? Yes No

Are you publicly promoting the event? Yes No

If yes, how will your event be promoted? _____

Radio Television Newspaper Posters/fliers Facebook Other

List website if applicable _____

The following information has been discussed for my reservation of the Fox Valley Park District's Cool Acres shelter.

By initialing next to each statement on the next page, I acknowledge that these details have been reviewed and agree to follow all rules and regulations.

General questions regarding a reservation can be answered by calling the administrative office at 630-897-0516 (weekdays 8 a.m. to 4:30 p.m.). Call 911 in the event of an emergency.

Continue to checklist on next page >>

Cool Acres Reservation Form

Alcohol Checklist

If you are not planning on having alcohol at your event, please initial here and continue to the Other Amenities Checklist section _____.

____ I understand alcohol is allowed at the shelter with proper permit only for this location, and permission is based on the number of attendees at my event.

____ I understand that if alcohol is served, it is not permitted to be served during the last hour of the event as specified in the permit.

____ I understand if admission or donations are required/accepted at the event at Cool acres with alcohol present, there is a general liability fee and statutory liquor fee associated with the reservation cost.

Other Amenities Checklist

____ I acknowledge if I wish to use a contracted service such as a moon jump, portable restrooms, tents or food vendor, I will use a FVPD approved vendor 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 anticipating using for your event and list the vendor that will be providing the service:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Moon Jump _____ | <input type="checkbox"/> DJ _____ | <input type="checkbox"/> Food Vendor _____ |
| <input type="checkbox"/> Portable Restroom _____ | <input type="checkbox"/> Clown _____ | <input type="checkbox"/> Face Painter _____ |
| <input type="checkbox"/> Tent _____ | <input type="checkbox"/> Other _____ | |

Acknowledgement of Reservation Request

____ I acknowledge other fees may apply to the reservation, such as costs incurred for additional security required being present at the event.

SIGNATURE _____ **DATE** _____

PRINT NAME _____