

🌳 Schaumburg Park District  
**Park Usage Application**

Contact: \_\_\_\_\_ Organization: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Park Requested: \_\_\_\_\_ Area of Park: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time Requested: From \_\_\_\_\_ To \_\_\_\_\_

Activities Planned: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Email: \_\_\_\_\_

Will you be using special equipment (*porta potties, tents, catering, etc.*)?  Yes  No

If yes, describe: \_\_\_\_\_

*Schaumburg Park District does not supply special equipment. You must request permission and obtain a certificate of insurance naming Schaumburg Park District as an additional insured to use special equipment on Schaumburg Park District property. The use of generators and other noisy equipment is prohibited. Electricity and water are not available at any of the parks.*

**ALCOHOL AND SMOKING ARE PROHIBITED AT ALL SCHAUMBURG PARK DISTRICT PARKS.**

Cost for park rental: \$100/Resident; \$150/Non-Resident; \$25/In-District Civic Groups. ***Payment due with application.***

Requests will be honored on a first come, first served basis, depending on park and field availability. Reservations are not taken by phone. ***Allow one to two weeks to process.*** You will be notified by phone if requested date is not available. You will receive a permit within two weeks.

\_\_\_\_\_  
*Organization/Authorized Signature* *Date*

\_\_\_\_\_  
*Director of Parks* *Date* Approved  Denied  Fee \$ \_\_\_\_\_

**Method of Payment:**  Cash  Check  Credit Card (*check one*):  Visa  MasterCard  Discover  American Express

Card #: \_\_\_\_\_ CVV #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(3 digit number on back of credit card)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**(Print name as it appears on credit card)**

**Return completed form to:** Schaumburg Park District  
235 E. Beech Drive, Schaumburg, IL 60193  
Phone: ... 847-985-2115  
Fax: ..... 847-301-2629  
Email: ..... parkrentals@parkfun.com

**Office Use Only:**  
Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Mailed/Faxed Permit On: \_\_\_\_\_

Comments: