

Westchester Park District Picnic Permit Application

Please return the original application form and correct fees to:

Westchester Park District
Attn: Picnic
10201 Bond Street
Westchester, IL 60154-4359

Date: _____

Office Phone: 708.865.8200

Fax Number: 708.865.8242

Applicant/Contact Person: _____

Business/Organization/School _____

Address: _____

Home Phone: () _____ Alternate Phone: () _____

Applicant Information (please complete)

Function Date: _____

Start Time: _____ AM/PM

End Time: _____ AM/PM

Est. # of people: _____

Location:

Gladstone Park (North End)

Applicant Information (please check)

Resident family function

Organization function

School function

Church function

Business function

Please describe reason for this picnic.

Applicant Information (please check)

Sports Kit requested

Portable toilet requested

Grill permit request

Baseball diamond permit (add'l fees apply)

Other _____

Note: There are no refunds issued for fees due to inclement weather. Cancellation of any rental equipment such as portable toilets and picnic kits must be done at least one week in advance in order to receive a refund.

FEE SCHEDULE (To be filled out by Office Personnel)

Item/Applicant	Resident	School/Church/Organization	Business
Permit 20 – 49 people	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 50.00
Permit 50 + people	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 150.00
Sports Kit	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 25.00
Sports Kit Deposit* <small>cash or check</small>	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$ 75.00
Baseball field rental	\$15-\$25/hr, two hr. min.	\$15-\$25/hr, two hr. min.	\$15-\$25/hr, two hr. min.
Portable Toilet * <small>Market Price</small>	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
<small>*(21-day advance notice required)</small>			
DEPOSIT TOTAL	\$	\$	\$
FEE TOTAL	\$	\$	\$

Method for fee payment: ___ Cash ___ Check # _____ ___ Credit Card

Deposit on file: ___ Cash ___ Check # _____

Applicant Signature: _____ Date: _____