

Wheaton Park District Application for Outdoor Athletic Areas

Date of Application:	-			
Name of Park Desired:			(Park)	
Location/ Field Desired:				
Day(s) of the Week Desired:				
Exact Date(s) Desired:				
Exact Time Desired:				
Name of Organization:				
Purpose or use:				
No. of People in Group:				
Do the majority (70%) reside w	vithin the Wheaton Park Di	strict?		
Special Arrangements:				
Person In-Charge:				
Address:	City:	St:	Zip:	
Home Phone:	Work Phone:	Cell Phone:		
Alternate Contact:	Email Addre	ess:		
Home Phone:	Work Phone:	Cell Phone:		
I, the undersigned, have read, Preserve District* rules, regular other participants, I invite for p my participants or I might susta we will not discriminate on the	tions and guidelines. I am a participation in the above re ain arising out of the above	also aware that in renti- ental, I will be waiving	ng an athletic area for mys and releasing all claims for	self and/ or injuri
Print Name	Signature		Date	
OFFICE USE ONLY Approved Wheaton Park District Staff	d: Disappro	ved:Deposi		