

POSEN PARK DISTRICT
PICNIC PERMIT APPLICATION

APPLICATION DATE: ___/___/___

PARK REQUESTED (circle one):

NAME: _____

Memorial Park (143rd & Campbell)

RESIDENT___ NON-RESIDENT___

Commissioner's Park (147th & Sacramento)

PHONE: _____

Therapeutic Park (149th & Francisco)

ADDRESS: _____

Picnic Date Requested: ___/___/___

ALL FEES MUST BE PAID IN FULL WHEN SUBMITTING APPLICATION. WE RESERVE THE RIGHT TO DENY ANY APPLICATION. INABILITY TO HOLD AN EVENT DUE TO WEATHER WILL RESULT IN RESCHEDULING IF POSSIBLE OR RETURN OF FEES AND DEPOSIT. CANCELATIONS MADE LESS THAN 48 HOURS PRIOR WILL RESULT IN NO REFUND OF ANY KIND.

FEE: \$150.00* (\$100.00 Resident Discount Fee)

* =Includes \$50.00 Refundable Security Deposit

ADDITIONAL TABLES (\$10.00 each) (number) ___ELECTRICITY (\$15.00) YES/NO (circle)

****NO ALCOHOL OR ANY TYPE OF JUMPER DEVICE IS ALLOWED ON DISTRICT PROPERTY****

THE UNDERSIGNED ACCEPTS FULL RESPONSIBILITY FOR THE EVENT AND ITS ATTENDEES AND AGREES TO INDEMNIFY AND HOLD HARMLESS THE POSEN PARK DISTRICT FROM ANY AND ALL LIABILITIES WHICH MIGHT RESULT FROM THIS EVENT. THE UNDERSIGNED HAS RECEIVED, EXAMINED, AND AGREES TO ADHERE TO ALL RULES AND REGULATIONS GOVERNING CONDUCT IN THE PARKS AND TO HOLD THE PERSONS PRESENT AT THIS EVENT TO THE SAME. THE UNDERSIGNED ACKNOWLEDGES THAT FAILURE TO ABIDE BY THE RULES AND REGULATIONS, OR FAILURE OF THEIR PARTY TO LEAVE THE FACILITY IN A CLEAN CONDITION WILL RESULT IN FORFEITURE OF THE SECURITY DEPOSIT AND POSSIBLE ADDITIONAL FINES.

APPLICANT SIGNATURE: _____

DATE: ___/___/___

OFFICE USE ONLY

APPROVED/DENIED: (circle one)

SIGNATURE: _____

PERMIT #: _____

DATE: ___/___/___

PAYMENT AMOUNT: _____

THIS PERMIT AND THE APPLICANT MUST BE ON SITE OF THE EVENT AT ALL TIMES

POST EVENT STAFF INSPECTION

SITE CONDITION ACCEPTABLE: YES/NO

SIGNATURE: _____

RULES VIOLATION: YES/NO

DATE: ___/___/___

SECURITY DEPOSIT RETURN: YES/NO

IF MARKING NO ATTACH PHOTO AND DESCRIBE REASONS BELOW.