

PAYMENT DUE AT THE TIME OF RENTAL REQUEST. BRING FORM WITH PAYMENT INTO THE REGISTRATION COUNTER AT THE COMMUNITY CENTER OR FAX WITH CREDIT CARD INFORMATION.



700 S. Bartlett Road
Bartlett, IL 60103
www.bartlettparks.org
PH: 630-540-4800
FX: 630-540-4869

Request Form for: James "Pate" Philip State Park Shelter/Apple Orchard Shelter/Humbracht Shelter/Bartlett Park Gazebo/Parks

Today's Date: _____ Date Requested: _____ Hours Requested*: _____

* (8am-dusk available for shelters & gazebo)

Name of Person Responsible: _____ Address: _____

City _____ Zip _____ Home Phone _____ Work Phone _____

Name of Organization (if representing one) _____ Number of Participants: Children _____ Adults _____

Type of Function/Event: _____

Circle Facility	James "Pate" Philip State Park Shelter	Apple Orchard Shelter	Bartlett Park Gazebo	Humbracht Shelter
Requested:	(at Stearns Rd. west of RT 59)	(at Sycamore & Stearns)	(at North & Oak)	(at E. Struckman & Silver Cr.)

OR

List PARK Requested: _____

ALL FEES MUST BE PAID IN FULL AT THE TIME THE REQUEST IS MADE. Faxed requests require credit card information (see box below). I hereby certify that this organization/individual understands the Park District facility usage stipulations on the back (2nd page) of this form and agrees to abide by them. If I have provided credit card information with my faxed request, I agree to allow the Bartlett Park District charge the rental fees to my card. **A minimum of 5 business days is required to approve/deny this request.**

Your Signature

Date

Approved by Bartlett Park District Supervisor:

Staff Signature and Date

OFFICE INSTRUCTIONS

- 1) Check date & time availability in Log Cabin book.
- 2) Enter the first and last name in appropriate time slot in Log Cabin book.
- 3) Deposits and rental fees must be paid in full when this form is submitted.
- 4) Attach check to form and secure in the Rental Folder.

Fee Paid \$ _____ Cash Check Charge Initials _____

Credit Card # _____ Exp. Date ____/____

CID # (on back signature panel) _____

Special Request(s): _____

See bottom of page 2 for equipment/activities designated as Special Requests.