

Big Rock Park District



Facilities Usage Form

Submitted by _____

Date Needed _____

Time Needed _____

Location _____

Please be very specific re: South Baseball Field--Large Soccer Field

Name of Group/Event _____

Description _____

Email Contact _____

Main Contact Number _____

Please issue us a cell number

Secondary Contact Number _____

Please issue us a cell number

Insurance Carrier _____

Policy Number/Expiration _____

A copy of insurance form or certificate attached

This form is not a permit to use any Park District Facility. Once reviewed and approved or rejected you will be notified of our decision.

Big Rock Park District Review (Date) _____ Approved _____ Rejected _____