

# **LINCOLN PARK - FIELD/DIAMOND/COURT REQUEST FORM**

Please complete and submit the form below. Questions or concerns? Contact Lincoln Park at 312-742-7841.

APPLICANT INFORM	MATION					
CONTACT NAME				TODAY'S DATE		
ORGANIZATION'S NAME			•			
ADDRESS, APT			ZIP	ZIP CODE		
PRIMARY PHONE NUMBER	SECONDARY PHO	EM	EMAIL ADDRESS			
Is this a 501c3 Organization? If	yes, please attach lett	ter from Treasur	y. Yes	. No		
I. ADULT LEAGUE / Y	YOUTH GROU	JP .				
TYPE OF SPORT		OUTH PART	ICIPANTS	NUMBER OI	F ADULT PARTICIPANTS	
DAY(S) OF THE WEEK		•		_		
Monday Tuesday	Wednesday	Thursday	Frida	ay Sa	turday	Sunday
START DATE* (mm/dd/yy)	END DATE* (mm/dd/yy)		START TIM	TART TIME END TII		O TIME
Are your times flexible? Yes No			*Must include two rain dates:			
LOCATION: PLEASE	MARK PREF	ERRED LO	CATIO	N BELOW	,	
TOTAL NUMBER OF FIELDS/DIA	MONDS/COURTS NE	EEDED:				
SOFTBALL / BASEBALL	SOCCER/FOOTBALL/LACROSSE/F		RUGBY	BEACH VOLLEYBALL		TENNIS
Southfield	Southfield Turf			North Avenue		Waveland
Waveland	Montrose Turf			Montrose		
Lawrence	Wilson Turf			Oak		
Any	Foster Turf			Any		
	Montrose Grass					
	Diversey Grass (no goals)					
	Any					
FOR SINGLE / MULTIPL	E DAY USAGE (	SEE PAGE 2	2)			

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II. SINGLE / MULTIPLE DAY USAGE							
TYPE OF SPORT	NUMBER OF YOUTH PARTICIPANTS	NUMBER OF ADULT PARTICIPANTS					
FIRST DATE (mm/dd/yy)	START TIME	END TIME					
SECOND DATE (mm/dd/yy)	START TIME	END TIME					
THIRD DATE (mm/dd/yy)	START TIME	END TIME					
FOURTH DATE (mm/dd/yy)	START TIME	END TIME					
Are your dates flexible? Yes No	Are your times flexible	? Yes No					

# LOCATION: PLEASE MARK PREFERRED LOCATION BELOW

#### TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:

SOFTBALL / BASEBALL	SOCCER/FOOTBALL/LACROSSE/RUGBY	BEACH VOLLEYBALL	TENNIS
Southfield	Southfield Turf	North Avenue	Waveland
Waveland	Montrose Turf	Montrose	
Lawrence	Wilson Turf	Oak	
Any	Foster Turf	Any	
	Montrose Grass		
	Diversey Grass (no goals)		
	Any		
	1		

## **Additional Comments/Details:**

#### **PLEASE NOTE:**

- 1. Proof of insurance with Chicago Park District listed as an Additionally Insured party is required for all league and multiple day requests.
- 2. PAYMENT BY CHECK MUST BE MADE AT LEAST 2 WEEKS BEFORE PLAY.
- 3. NON-RESIDENT CUSTOMERS PAY DOUBLED FEES.



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