### **CHICAGO PARK DISTRICT**

# **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 INFORMATION  CONTACT NAME  ORGANIZATION'S NAME  ADDRESS, APT  ZIP CODE  PRIMARY PHONE NUMBER  SECONDARY PHONE NUMBER  EMAIL ADDRESS  Is this a 501c3 Organization? If yes, please attach letter from Treasury. Yes No  I. ADULT LEAGUE / YOUTH GROUP  TYPE OF SPORT  NUMBER OF YOUTH PARTICIPANTS  NUMBER OF ADULT PARTICIPANTS  NO  START DATE* (mm/dd/yy)  START TIME  END TIME  Are your times flexible? Yes No  *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:  SOFTBALL / BASEBALL  SOCCER/FOOTBALL/LACROSSE/RUGBY  BEACH VOLLEYBALL  TENNIS								
ORGANIZATION'S NAME  ADDRESS, APT  ZIP CODE  PRIMARY PHONE NUMBER  SECONDARY PHONE NUMBER  EMAIL ADDRESS  Is this a 501c3 Organization? If yes, please attach letter from Treasury. Yes No  I. ADULT LEAGUE / YOUTH GROUP  TYPE OF SPORT  NUMBER OF YOUTH PARTICIPANTS  NUMBER OF ADULT PARTICIPANTS  AT TIME  END TIME  *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:						MATION	INFORM	APPLICANT
ADDRESS, APT  PRIMARY PHONE NUMBER  SECONDARY PHONE NUMBER  EMAIL ADDRESS  Is this a 501c3 Organization? If yes, please attach letter from Treasury. Yes No  I. ADULT LEAGUE / YOUTH GROUP  TYPE OF SPORT  NUMBER OF YOUTH PARTICIPANTS  NUMBER OF ADULT PARTICIPANTS  NO  START DATE* (mm/dd/yy)  START TIME  END TIME  Are your times flexible?  Yes No  *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:			DAY'S DATE	TODA	CONTACT NAME			
PRIMARY PHONE NUMBER  SECONDARY PHONE NUMBER  EMAIL ADDRESS  Is this a 501c3 Organization? If yes, please attach letter from Treasury. Yes No  I. ADULT LEAGUE / YOUTH GROUP  TYPE OF SPORT  NUMBER OF YOUTH PARTICIPANTS  NUMBER OF ADULT PARTICIPANTS  NUMBER OF ADULT PARTICIPANTS  NUMBER OF ADULT PARTICIPANTS  NUMBER OF ADULT PARTICIPANTS  No  START DATE* (mm/dd/yy)  START TIME  END TIME  Are your times flexible? Yes No  *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:							NAME	ORGANIZATION'S NA
Is this a 501c3 Organization? If yes, please attach letter from Treasury. Yes No  I. ADULT LEAGUE / YOUTH GROUP  TYPE OF SPORT   NUMBER OF YOUTH PARTICIPANTS   NUMBER OF ADULT PARTICIPANTS    DAY(S) OF THE WEEK  Monday Tuesday Wednesday Thursday Friday Saturday Sunday  START DATE* (mm/dd/yy)   END DATE* (mm/dd/yy)   START TIME   END TIME  Are your times flexible? Yes No *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:			CODE	ZIP CC	ADDRESS, APT			
I. ADULT LEAGUE / YOUTH GROUP  TYPE OF SPORT   NUMBER OF YOUTH PARTICIPANTS   NUMBER OF ADULT PARTICIPANTS    DAY(S) OF THE WEEK   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Sunday    START DATE* (mm/dd/yy)   END DATE* (mm/dd/yy)   START TIME   END TIME    Are your times flexible?   Yes   No   *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:			AIL ADDRESS	EMAIL	SECONDARY PHONE NUMBER			PRIMARY PHONE NU
TYPE OF SPORT    NUMBER OF YOUTH PARTICIPANTS   NUMBER OF ADULT PARTICIPANTS			No	Yes	er from Treasur	es, please attach let	ganization? If y	Is this a 501c3 Orga
DAY(S) OF THE WEEK  Monday Tuesday Wednesday Thursday Friday Saturday Sunday  START DATE* (mm/dd/yy) END DATE* (mm/dd/yy) START TIME END TIME  Are your times flexible? Yes No *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:					IP	OUTH GROU	AGUE / Y	I. ADULT LE
Monday Tuesday Wednesday Thursday Friday Saturday Sunday  START DATE* (mm/dd/yy) END DATE* (mm/dd/yy) START TIME END TIME  Are your times flexible? Yes No *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:	CIPANTS	R OF ADULT PARTICIPANT	CIPANTS NUMBER OF	H PARTICIF	NUMBER OF YOUTH PAR			TYPE OF SPORT
START DATE* (mm/dd/yy)  END DATE* (mm/dd/yy)  START TIME  *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:					l		 ≣K	DAY(S) OF THE WEE
Are your times flexible? Yes No *Must include two rain dates:  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:		Sunday	y Saturday	Friday	Thursday	Wednesday	Tuesday	Monday
Are your times flexible? Yes No  LOCATION: PLEASE MARK PREFERRED LOCATION BELOW  TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:		END TIME	END.	RT TIME	END DATE* (mm/dd/yy)		dd/yy)	START DATE* (mm/d
TOTAL NUMBER OF FIELDS/DIAMONDS/COURTS NEEDED:			de two rain dates:	ıst include				Are your times flexib
			N BELOW	ATION	ERRED LC	MARK PREF	PLEASE	LOCATION:
SOFTBALL / BASEBALL SOCCER/FOOTBALL/LACROSSE/RUGBY BEACH VOLLEYBALL TENNIS					EDED:	MONDS/COURTS N	F FIELDS/DIAN	TOTAL NUMBER OF
		TENNIS	BEACH VOLLEYBALL	BY E	SOCCER/FOOTBALL/LACROSSE/R		BALL	SOFTBALL / BASEB
Southfield Southfield Turf North Avenue Wavela	and	Waveland	North Avenue		Southfield Turf			Southfield
Waveland Montrose Turf Montrose			Montrose		Montrose Turf			Waveland
Lawrence Wilson Turf Oak			Oak		Wilson Turf			Lawrence
Any Foster Turf Any			Any		Foster Turf			Any
Montrose Grass					i	Montrose Grass		
Any						Any		
FOR SINGLE / MULTIPLE DAY USAGE (SEE PAGE 2)					SEE DAGE 2	E DAV HSAGE <i>T</i>	 	EOD SINGLE

LPCC Request Form Version 1/19/2016 Page 1 of 2

II. SINGLE / MULTIPLE DAY USAGE								
TYPE OF SPORT	NUMBER OF YOUTH PARTICIPANTS	NUMBE	ER 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		
	Any		

#### **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.



LPCC Request Form Page 2 of 2