



ROCKFORD PARK DISTRICT

SPECIAL USE APPLICATION FORM

Please complete the form, save it, and then attach it to an email to specialevents@rockfordparkdistrict.org.
If you don't have email capability, please fax the form to (815)885-3302.

DATE: _____

Name/Organization: _____

Contact Person: _____

Address: _____ Zip _____

Phone (*Home/Work*): _____ Cell _____

Email: _____

EVENT INFORMATION

Event: _____

Event Date: _____

Requested Location: _____

Requested Location address: _____ Zip _____

Event Hours: _____ to _____

EVENT DETAILS

Estimated Attendance? _____ Is function open to the public? Y or N

Will Fees be charged? Y or N Amount to be charged? \$ _____

Will Sales be made? Y or N

What Items will be sold? _____

Will Collections be taken? Y or N

Purpose of Collection? _____

Description of Activities:

Notes: