



EST. 1955
SPRING VALLEY
VILLAGE

SPRING VALLEY VILLAGE
PARK USE/RESERVATION APPLICATION
(IF PAYMENT IS REQUIRED, IT MUST BE SUBMITTED WITH THE APPLICATION)

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

ARE YOU A RESIDENT OF SPRING VALLEY VILLAGE? (SELECT ONE) YES _____ / NO _____

ADDRESS: _____
PHYSICAL ADDRESS CITY STATE ZIP CODE

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME OF PERSON RESERVING THE DESIGNATED AREA/FACILITY: _____

DESIGNATED AREA OR FACILITY YOU WISH TO RESERVE: _____ PAVILION _____ GAZEBO
_____ GREENSPACE AREA (1) _____ GREENSPACE AREA (2) *GREENSPACE RENTAL REQUIRED FOR SPECIAL FEATURE*

DATE(S) OF EVENT(S): _____

TIME(S): FROM _____ TO _____ (PLEASE SPECIFY AM _____ / PM _____)

ESTIMATED NUMBER OF ATTENDEES: _____

TYPE OR PURPOSE OF FUNCTION / GATHERING: _____

SPONSOR FOR FUNCTION / GATHERING: _____

ORGANIZATION / BUSINESS TYPE: FOR PROFIT NONPROFIT TAX ID #: _____

WILL GOODS BE SOLD AT YOUR FUNCTION / GATHERING? (SELECT ONE) YES _____ / NO _____

WILL PARTICIPATION OR ADMISSION FEES BE CHARGED? (SELECT ONE) YES _____ / NO _____

WILL A SOUND SYSTEM BE USED? (SELECT ONE) YES _____ / NO _____

IF YES, WHAT TYPE? _____

WILL ANY SPECIAL FEATURES OR EFFECTS BE USED (FOR EXAMPLE: MOONWALK, BOUNCE HOUSE, WATER SLIDE, LIVE BAND, FIREWORKS, GUN SALUTE (BLANKS ONLY))? YES _____ / NO _____

IF YES, WHAT TYPE? _____

*****PLEASE NOTE THAT A CERTIFICATE OF INSURANCE IS REQUIRED FOR SPECIAL FEATURES*****

I HEREBY CERTIFY THAT I HAVE READ AND REVIEWED THIS APPLICATION AND THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT. *I UNDERSTAND AND AGREE THAT I AND ANYONE INVOLVED IN MY FUNCTION / GATHERING SHALL COMPLY WITH ALL PROVISIONS AND REGULATIONS GOVERNING THIS TYPE OF PERMIT, WHETHER SPECIFIED HEREIN OR NOT.* THE GRANTING OF A PERMIT DOES NOT GIVE AUTHORITY TO VIOLATE OR CANCEL ANY PROVISIONS OF STATE OR LOCAL LAWS REGULATING PUBLIC PARKS.

SIGNATURE OF APPLICANT

DATE SIGNED

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FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____ TIME RECEIVED: _____ AM / PM

APPROVED / DENIED ON THIS DATE: _____ CERTIFICATE OF INSURANCE RECEIVED: YES _____ / NO _____