



## Field Permit Application

Addison Park District  
120 E. Oak Street, Addison, IL 60101  
Office 630.833.0100 Fax 630.833.6025  
[www.addisonparkdistrict.org](http://www.addisonparkdistrict.org)

Application Fee: \$10.00

Application Date: \_\_\_\_\_

Facility Requested (circle all the apply)

Community Park Fields            #1 (baseball) #2 (baseball) #3 (baseball) #4 (baseball) and #5 (softball)

Centennial Fields                Baseball/Softball #1, #2, #1, #3 Soccer #4 (mini) #5 (Medium)  
#6 (Full Size)

Nike Field #1 (Softball)        Foxdale East/West (softball)                Byron Field #1 (softball)

Highview (Soccer)                Oak Knoll (softball/Cricket)

Other Park/Field                \_\_\_\_\_

Permit Date(s) \_\_\_\_\_

Purpose of Rental: \_\_\_\_\_

Time: Begin \_\_\_\_\_ am/pm        End: \_\_\_\_\_ am/pm                Participants: \_\_\_\_\_

Applicant: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, the undersigned Permit Holder, hereby accept responsibility for the care of the facility, building and/or property used in accordance with the rules and regulations as set forth by the Addison Park District as well as the terms and conditions relating to the Park District Permit.

It is fully understood and agreed by the parties that the Permit Holder guarantees to defend, indemnify and hold harmless the Addison park District, its officers, employees, volunteers and agents against any and all liabilities, claims, damages, losses, costs and expenses (including reasonable attorney's fees) arising indirectly or directly in connection with or under, or as a result of this Agreement.

I, the undersigned Permit Holder, certify that the use to which the Addison Park District facility is put shall fully comply with the provisions of the Americans with Disabilities Act (ADA). I understand that failure to comply with the ADA my result in a forfeiture of facility privileges unless and until the program or use is brought into compliance with ADA

**This application is NOT a guarantee of rental approval or availability of space.**

Signature of Applicant: \_\_\_\_\_

-----Office Use Only-----

Application Fee: \$10.00            Collected By: \_\_\_\_\_            Date Received: \_\_\_\_\_

Permit Number: \_\_\_\_\_            Rental Total: \_\_\_\_\_