

Springfield Park District

Walk/Event Application

Date of Event:		
Start Time:		
Name of Park Requested:		
Specific Area Requested:		
Name of Organization:		
Contact Person:		
Street:		
City:	State:	Zip:
Email:		
Phone Number:		
Cell Number for Contact Person for day	of the event:	
Please provide a detailed description of V like to include such as: bounce houses, consideration.		
Anticipated number of participants:		

*Applicant will be required to supply a Certificate of Insurance naming the Springfield Park District as an additional insured in the amount of \$1 million at least 10 days prior to event.



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Vendor fees are due no less than 10 business days. All vendors must display the appropriate placard issued by the Springfield Park District on the date(s) of the event. Failure to display SPD issued placard could be subject to park ordinance and fines. Vendor is defined as for-profit entity selling goods or merchandise.

FEES

Additional trash cans & picnic tables provided, if avo	ailable, at an additiona	ıl fee
Event Fee	\$ 150.00/Resident	\$ 180.00/Non-Resident
Number of additional trash cans requested:		or first 10 or each additional over 10
Number of additional picnic tables requested:		For first 5 or each additional over 5
Other expenses:	Vendor Placard	Facility Rental Fee, etc. Fee (see pg. 1 of application) re required 1 week prior to event)
Total Non-Refundable Fee	•	at least 2 weeks prior to event)



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Please submit application to: parks@springfieldparks.org		
Or by mail to: Springfield Park District Attn: Event/Walk Application 2500 South 11 th Street Springfield, IL 62703		
** Alcohol is strictly prohibited without prior approval. Written request is required for consideration. Please allow no less than 8 weeks for review.		
FOR OFFICE USE		
Received:		
[] Certificate of Insurance		
[] Payment Received		
[] Vendor Names for Placards (10 business days prior to event)		

R.01.2019

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