



SHELTER REQUEST FORM

Forest Preserve District of Kane County
1996 South Kirk Road, Suite 320, Geneva, IL 60134
Reservations: (630) 232-1242; Fax: (630) 262-3394

Received _____

Section 1

Please provide the following contact information:

- 1) Group/Organization: _____
- 2) Contact Name: _____
- 3) Phone: (day) _____ (evening) _____ (cell) _____
- 4) E-mail: _____
- 5) Mailing Address: _____

Section 2

Please address/answer the following items regarding your event details:

- 1) Event name: _____
- 2) Event description: _____

- 3) Location: _____
- 4) Facility(s) rented: _____
- 5) Date(s) of event: _____
- 6) Event hours: _____
- 7) Expected attendance: _____
- 8) How will parking be accommodated and managed? _____

- 9) Will event require hiring Forest Preserve District police for event security or traffic control? () No () Yes
If yes, describe request: _____

- 10) Will food/beverages be served/sold? () No () Yes If yes, describe: _____

- 11) Will power be needed? () No () Yes If yes, will power be brought in by applicant? () No () Yes
If no, describe needs and sources: _____

12) Will water be needed? () No () Yes If yes, will water be brought in by applicant? () No () Yes

If no, describe needs and sources: _____

13) Will signs/banners be hung? () No () Yes If yes, attach a map designating locations and methods of securing.

14) Will there be entertainment? Entertainment” is defined as activities performed by staff or volunteers of the organization and/or contracted vendors for such items as music, performances, moon bounces, children’s activities, etc. () No () Yes If yes, please describe: _____

All shelter reservations require a fee. The Forest Preserve District also requires a Certificate of Liability Insurance listing the Forest Preserve District of Kane County as additionally insured.

Shelter requests may be submitted as early as January 2 of each calendar year and no later than 10 business days prior to the event. Larger events may require our Special Use Permit and Forest Preserve Commission approval, and should be submitted ninety (90) days prior to event.

I am requesting the use of the above preserve and understand the requirements for the Certificate of Liability Insurance.

Signature

This form may be returned by fax or e-mail for preliminary review:

Reservations: (630) 232-1242

Fax: (630) 262-3394

Email: kcfpres@kaneforest.com

FOR OFFICE USE ONLY

Total Fees Due: \$ _____

Method of Payment: Cash _____ Check # _____

Amount Paid: \$ _____ Date: _____

____ Liability Insurance Certificate

____ Field Supervisor Advised/Approved