



CITY OF COUNTRYSIDE RECREATION SERVICES
SEASONAL FIELD USE APPLICATION

DATE: _____

NAME OF INDIVIDUAL/ORGANIZATION _____

ADDRESS: _____

TELEPHONE: _____

ORGANIZATION CHAIRMAN: _____

TELEPHONE Home: _____ Work _____

ADDRESS: _____

1. NUMBER OF FIELDS REQUESTED: _____
2. DAYS AND TIMES REQUESTED: _____
3. DATES OF SEASON: _____
4. AGE GROUP(S) OF PARTICIPANTS: _____
5. TOTAL NUMBER OF PARTICIPANTS IN THE ATHLETIC ORGANIZATION OR INDIVIDUAL RESIDENT GROUP: _____. (A list of names and addresses of every participant registered as of February 15 of the current year is to be included with this application.)
6. TOTAL NUMBER OF COUNTRYSIDE RESIDENTS IN THE ATHLETIC ORGANIZATION OR INDIVIDUAL RESIDENTS GROUP: _____
7. FIELD LOCATION PREFERENCE: 1. _____ 2. _____
3. _____ 4. _____

Applications for SEASONAL permits should:

1. Have all questions answered fully.
2. Have been signed by responsible representative of the agency or organization seeking authorization.

(Signed): _____ (Title): _____

(Organization): _____

RETURN COMPLETED FORM TO: City of Countryside Director of Recreation
5550 East Avenue, Countryside, IL 60525

PARK AREAS ARE TO BE KEPT FREE OF LITTER AND TRASH AND ARE TO BE POLICED ON COMPLETION OF ACTIVITY. Damage should be reported at once to the Recreation Department.

CONDITIONS OF FIELD USE PERMITS STATED ON THE REVERSE SIDE OF THIS APPLICATION.
PLEASE HELP KEEP YOUR PARKS CLEAN !!!!!!!!!!!!!!!