



**VILLAGE OF LIBERTYVILLE
Athletic Field Permit**

Name of Group:

Continued Request:

Type of Activity:

Expected Attendance:

Park Name:

Field Location:

Day(s) of Week:

Time of Arrival:

Time of Departure:

Starting Date of Game(s):

Ending Date of Game(s):

Practice Starting Date:

Tournament Dates:

Special Arrangements, if needed:

Contact Information

Contact Person:

Mailing Address:

State/Zip Code:

Home Phone:

Cell Phone:

Email Address:

OFFICE USE ONLY

Permit Approved

Permit Denied

Approved with Changes

FEE _____

Superintendent of Parks

Date

Permit #

Initial

Date-permit sent