



CITY OF GIBSON | 101 E 8TH STREET, PO BOX 545, GIBSON CITY, IL 60936
PHONE 217-784-5872 | FAX 217-784-5930

PARK INFORMATION REQUEST

Please specify which park NORTH PARK _____ SOUTH PARK _____ WEST PARK _____

Organization Name _____

Chairman of Event _____

President of Organization _____

Date of Event / /

Type of Event _____

State charter for not-for-profit issued YES _____ NO _____

Explain needs of event and how the park facility will be used

Certificate of insurance required YES _____ NO _____

Liquor liability required YES _____ NO _____

*Copies of these certificates must be submitted to the municipal clerk prior to the event (if required).
The event will be stopped if they are not filed prior to the event.*

SPECIAL CONDITIONS FOR THE PARK

1. Shelter and area must be cleared before you leave or cleanup charges will be assessed

2 _____
3 _____
4 _____

Signed _____ Approved _____
(Organization Chairman) (Mayor)

Date / / Date / /