



CITY OF GIBSON | 101 E 8TH STREET, PO BOX 545, GIBSON CITY, IL 60936

PHONE 217-784-5872 | FAX 217-784-5930

PARK RESERVATION APPLICATION

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

Name _____

Address _____

City _____

Telephone # _____

Date requested / /

Type of Event _____

Hours : AM / PM To : AM / PM

Estimated Attendance _____

SPECIAL CONDITIONS

1 _____

2 _____

3 _____

Fee \$ _____

Signed _____ Approved _____
(Applicant) (Mayor)

Date / / Date / /

REQUIREMENTS

1. This application must be approved by the mayor
2. A copy of the application will be mailed after it's approved
3. Applicant shall display this application the night before the function.
4. Shelter and area shall be cleaned before you leave or cleanup charges will be assessed.
5. We ask that anyone reserving the park, please check the status of the bathroom conditions upon arrival. (They are cleaned daily, but if there is an issue please notify the City Superintendent immediately so it can be addressed.) Also, please inspect the restrooms at the end of your event to verify that they have been left in good condition.

Revised 050923