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.