

Springfield Park District
Walk / Event Application



Date: _____

Start Time: _____ End Time: _____

Name of Park Requested: _____

Specific Area Requested: _____

Name of Organization (if applicable) _____

Applicant: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Cell Number for Contact Person for day of the event: _____

Please provide a detailed description of Walk/Event.

Anticipated number of participants: _____

Do you request Barricades (Washington Park only): yes no

