

CITY OF CLINTON, ILLINOIS

MR. LINCOLN SQUARE

EVENT RESERVATION FORM

Date of 1st Contact \_\_\_\_\_ Event # \_\_\_\_\_

Person Making 1st Contact \_\_\_\_\_

Date Approved/Rejected \_\_\_\_\_ By \_\_\_\_\_

City Council Action Required Y/N Date \_\_\_\_\_

Organization Requesting \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_

Person Requesting \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

Time(s) of Event \_\_\_\_\_

Type of Event \_\_\_\_\_

Description of Event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Special Needs for Event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certificate of Insurance Required Y/N Received Y/N  
Date Received \_\_\_\_\_

Any City Fee Required Y/N Date Fee Received \_\_\_\_\_

List All Fees and Amounts \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_