



2018 Group Reservation Request Form

Reservations are processed beginning March 1. Please complete a separate form for each requested date. Incomplete forms, and forms submitted without a deposit are not processed. For information about specific dates, call 847-391-5733 and speak to a Mountain View team member (April 6–October 14), or call 847-391-5711 and speak to Shelli.

GRILLS: We have two grills available for use. The \$25 per grill fee includes set-up and cleaning; you must provide your own charcoal, grilling tools, and other supplies. No personal grills may be used. Grilling is not permitted without prior approval. Alcoholic beverages are not permitted. No pets, live bands, or DJs are allowed during any Mt. View rentals.

Reservation Date _____
Month / Day Time

Group/Company Name _____

Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Office Home

Cell Phone _____ Fax Number _____

E-mail _____

A \$50 deposit is required to guarantee your reservation. Cancellations require 24 hours notice for refund of deposit.

For Groups of 15–50 golfers.

No. of golfers x \$6.00 = \$ _____

Pavilion hours x \$20/hr = \$ _____

For Groups of 51–250 golfers.

No. of golfers x \$5.50 = \$ _____

Exclusive use of the Pavilion is included.

Optional add-ons

Grill(s) _____ x \$25/grill = \$ _____

Food Packages \$ _____ x No. of guests = \$ _____

Batting Cage Tokens _____ packages x \$3 = \$ _____

Less your \$50 deposit = \$ _____

Total due on arrival = \$ _____

Thank you!

Add these to your outing and make it extra special!

• Batting Cages

\$3/person (5 tokens=80 pitches) *A 40% savings!*

• Food Packages Includes 1 hour in the pavilion

–Pizza, Chips and a Regular Soda: \$5

–Hot Dog, Chips and a Regular Soda: \$4

–Snow Cone: \$1

DPPD Employee Use Only

Check Enclosed Visa Master Card Discover

Make checks payable to: Des Plaines Park District

Card Number

Please do not email your credit card information.

3-digit CVV

Expiration Date _____

mm/yy

Cardholder Name _____

Charge Amount \$ _____

Signature _____

Date: _____