

**CITY OF EVERETT
EVERETT PARKS~ APPLICATION FORM**

Date of Application: _____

Date Permit Granted: _____

Name of Team / Organization: _____

President Contact: _____ Phone: _____

Street Address: _____ Zip Code: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Parks & Date(s) Requested:

Time Requested (start time - end time)

1. _____

2. _____

3. _____

Type of Event (Check one)

Special Event ~ Private Organization

Everett School Organizations

Everett Youth Leagues

Applicants Signature

Date: _____