

Village of Illiopolis, IL

Park/Pavilion Reservation Form

First Name: _____

Last Name: _____

Telephone: _____

Street Address: _____

City: _____ Zip Code: _____

Type of Event: _____

Date of Event: _____

Beginning Time of Event: _____

Ending Time of Event: _____

****The Officers and Employees of The Village of Illiopolis are not responsible for any accidents that may occur during any event.***

**** I have read and agree to the Pavilion Reservation Rules and Terms of Agreement.***

Signature Required _____

Any questions please contact the Village Clerk 486-2511 8:30 a.m.-12:30 p.m. M-F, after hours-217-620-6915.