

**Glenview Park District – Glenview Community Ice Center**  
**2023-2024 Parking Application**  
**\$300 for Full Year, \$175 for Second Semester**

**Passes go on sale and applications are accepted beginning Monday, June 5 at 9am.** Please complete the below information and scan / email your application to Demi Cruz at [Demi.Cruz@glenviewparks.org](mailto:Demi.Cruz@glenviewparks.org).

After submitting this application via email, please allow two business days for processing, then you are required to visit the Glenview Community Ice Center M-F 8:30a-5p to receive your physical parking pass to display beginning the first parking day. Parking Privileges are governed by rule, policies and designated parking areas, which applicants will receive when they receive the physical parking pass.

Date \_\_\_ / \_\_\_ / \_\_\_ Application for (circle one): Full Year 2<sup>nd</sup> Semester

Student Name (print) \_\_\_\_\_ Circle one: Sophomore Junior Senior

Student I.D. # \_\_\_\_\_ First Parking Day \_\_\_\_\_

Parent's Names (print) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Name & Day Phone \_\_\_\_\_

CAR 1: IL License Plate # \_\_\_\_\_ Make of Car \_\_\_\_\_

Car Model \_\_\_\_\_ Car Color \_\_\_\_\_

CAR 2: IL License Plate # \_\_\_\_\_ Make of Car \_\_\_\_\_

Car Model \_\_\_\_\_ Car Color \_\_\_\_\_

"I, \_\_\_\_\_, will follow the Glenview Park District Parking Rules and Policies. I further understand that a single violation of the parking rules could result in the loss of parking privileges at the Glenview Community Ice Center, with no refund of the fee paid. I also understand that as parent, vehicle owner and/or applicant, I am responsible for the safety and conduct of persons and vehicles while on Park District property."

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Signature of Vehicle Owner/Parent

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Signature of Student Applicant

**Complete payment information:**    \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover

Card Holder (Print Name) \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Amount of Payment \_\_\_\_\_

Expiration Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

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**OFFICE USE:**

Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Ring 225 Receipt # \_\_\_\_\_