VILLAGE OF WESTERN SPRINGS
BLOCK PARTY CONSENT FORM

DELIVER CONES TO: Name: _____

Address: _____

Phone Number: _____

*****FORM AND $50 DEPOSIT MUST BE TURNED IN TWO WEEKS BEFORE DATE OF BLOCK PARTY*****

WE, THE UNDERSIGNED, GIVE PERMISSION TO BLOCK OFF THE_____ BLOCK OF

_____ON _____
(Day of the week) (Date)

BETWEEN THE HOURS OF _____ a.m./p.m. AND _____ a.m./p.m.

THE VILLAGE WILL ONLY ACCOMMODATE 12 BLOCK PARTIES PER WEEKEND
*****SECOND CHOICE REQUIRED (OTHER THAN SAME WEEKEND)*****

PLEASE NOTE: NO BLOCK PARTIES WILL BE SCHEDULED AFTER OCTOBER 15

Second Choice Date: _____

NAME(S)	**ADDRESS**