

Bathroom Key(s) given: \_\_\_\_\_

Date Key(s) given: \_\_\_\_\_

Signature of person receiving Key(s)

Date Key(s) Returned: \_\_\_\_\_



Hampshire Park District  
182 S. State Street  
P.O. Box 953  
Hampshire, IL 60140  
847-683-2690  
Fax: 847-683-1741

**Hampshire Township Park District  
Rackow Park  
Primitive Campsites & Hines Supply Shelter  
Reservation Form**

Date of Event \_\_\_\_\_

Campsite # (circle all that apply)    1       2       3       4  
(Campsite includes a picnic table and fire pit)

Campsite Reservation Date(s)                      From \_\_\_\_\_ Until \_\_\_\_\_

Hines Supply Shelter Reservation Date(s)                      From \_\_\_\_\_ Until \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Name of Individual/Group)                      Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
Street    City    Zip

<b>FEE SCHEDULE FOR</b>	<b>RESIDENT</b>	<b>NON-RESIDENT</b>	<b>TOTAL</b>
Campsite(s)			
# of sites _____ # of days _____ x daily fee of	\$10.00	\$15.00	_____
Campsite Reservation Deposit (refundable)	\$20.00	\$20.00	_____
Hines Supply Shelter rental fee (includes fire pit)	\$90.00	\$105.00	_____
Shelter Reservation Deposit (refundable)	\$65.00	\$65.00	_____
Bathroom Key (refundable)	\$100.00	\$100.00	_____
		<b>TOTAL FEES</b>	_____

**\*50% DISCOUNT ON RENTAL FEES FOR NON-PROFIT ORGANIZATIONS THAT ARE WITHIN THE HAMPSHIRE TOWNSHIP BOUNDARIES**  
*A non-profit group is defined as a civic, charitable, religious or youth serving group within the Park District boundaries. Proof of 501(c)3 status to accompany this form.*

*There is no vehicle access to the primitive campsites or Hines Supply Shelter. A parking pass will be provided that must be displayed in the dashboard for the police department if you are parking in the lot overnight. All supplies brought in must be removed (including trash which can be placed in the dumpster on site) that you brought in. Reservation deposits are refunded after the key is returned (if rented) and the campsite is inspected.*

VEHICLE MAKE \_\_\_\_\_ COLOR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

**Payment in full, including deposit, is required when reservation is booked.**  
*I/We the undersigned have received, are aware and will abide by the guidelines listed within the Hampshire Township Park District Agreement For Use of Facilities.*

\_\_\_\_\_  
Signature of Applicant    Date

**Please contact Kim at 224-365-9354 if there is an emergency after regular business hours.**