



Engraved Picket Order Form

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

What would you like printed on the picket:

(17 characters MAX)

I have double checked the spelling of my request above.

Signature: _____ Date: _____

Please return orders & payment to the Park District Office: 735 N. 2nd Street, Rochelle, IL 61068 or by email to mail@rochelleparkdistrict.org

Checks should be made out to: Rochelle Park District

Payment Information

Circle One: Visa MasterCard Discover Cash Check Payment Amount _____

Card/Check # _____ Expiration _____ CVV2# _____

Cardholder's Name _____

Authorized Signature _____