



PARKS, RECREATION AND COMMUNITY SERVICES DEPARTMENT

EDWARD VINCENT, JR. PARK MULTIPURPOSE FIELD FACILITY RESERVATION REQUEST

Date: _____

1. Name of organization, group or applicant: _____

2. Name of group leader/primary contact: _____

3. Address of group leader/primary contact: _____

_____ Address _____ City _____ Zip Code

Home/Cell Phone: _____ Email Address: _____

In case they cannot be notified, name of alternate contact person: _____

Home/Cell Phone: _____ Email Address: _____

4. Type of group: Youth Adult

5. Purpose of use: _____

6. Dates Days Times

(1st choice) _____

(2nd choice) _____

7. Number of Residents in group: _____ Non-Residents: _____ REMARKS: _____

8. I have read: Athletic Field Use Policy Rules and Regulation Governing Use of City Facilities

9. I (we) agree to abide by all oral or written laws, regulations, rules, and policies connected with the use of or rental of this facility. Use is not for political or religious services purposes. The City, its staff, and officials are released and held harmless from all Claims of Damages or bodily injury suffered in connection with the use of this facility.

SIGNED _____

For Approving Authority Use ONLY

Approved: Disapproved: Reason for disapproval: _____

Fee for Field Use: \$ _____ Fee for Lights: \$ _____ Fee for City Staff: \$ _____ Receipt #: _____

Approving Authority

Date