

CITY OF COLLEGE PARK FIELD USE RESERVATION APPLICATION

Duvall Field



Date of Application _____

Name of Organization _____

Name of Contact Individual _____

Address _____

Street City State Zip

Telephone: Home _____ Work _____ Cell _____

Is the Organization a City-located youth Organization? Yes No Is the Organization Headquartered in College Park? Yes No

REQUESTING DUVALL FIELD FOR: Football, Age _____ Soccer, Age _____ Baseball, Age _____ T-Ball, Age: _____

Softball, Age: _____ ADDITIONAL NEEDS: Lights Bathrooms Concession Stand

Date(s) Requested _____ Times Requested: From _____ To _____

Description of Activity or Event _____

Are you charging a fee? Yes No If yes, for what purpose? _____

Expected number of participants: _____ Age range: _____

_____ I hereby confirm that I have received and read the City Recreation Facilities Rules and Regulations.

_____ The organization's "Proof of adequate minimum liability insurance" (required under Section IV, Item 5) is attached to this application.

In addition, applicant/organization agrees to indemnify and hold harmless the City from and against all actions, liability, claims, suits, damages, cost or expenses of any kind which may be brought or made against the City or which the City must pay and incur by reason of or in any manner resulting from injury, loss or damage to persons or property resulting from his/her negligent performance of or failure to perform any of his/her obligations under the terms of this application/permit.

_____ Date Signature of Contact Individual

Do Not Write Below This Line

Recommendation of Recreation Board Damage Deposit \$ _____

Approval _____ Disapproval _____ Estimated Fee \$ _____

Comments _____

Date _____ Signature _____

Recommendation of Public Services Director

Approval _____ Disapproval _____

Comments _____

Date _____ Signature _____

Action by Mayor and Council (or City Manager)

Approval _____ Disapproval _____

Comments _____

Date _____ Signature _____