PLAINFIELD TOWNSHIP PARK DISTRICT
ATHLETIC FIELD/FACILITY USE APPLICATION

FORM 1

Office Use Only

Date Received: _____

Initials: _____

Priority Group: _____

Group/Organization Name: _____ Activity: _____ Age(s)/Division(s): _____

Address: _____ Phone: ( ) - _____ Website: _____

City: _____ Zip: _____

Contact Name: _____ Phone: ( ) - _____ E-mail: _____

Additional Contact Name: _____ Phone: ( ) - _____ E-mail: _____

Choice	Location	Field	Name of Tournament	Date	Start Time	End Time
1st	*Example: Renwick*	*Field #1*	*Name*	*6/01/12*	*1:00 pm*	*3:00 pm*
2nd	*Example: Four Seasons*	*Field #3*	*Name*	*6/01/12*	*3:00 pm*	*5:00 pm*
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*Groups/organizations are strongly encouraged to indicate a 1st choice & 2nd choice when submitting an application.

The following information must be submitted for the permit process to be complete:

☐ Application for use of Plainfield Park District Fields/Facilities form

☐ Certificate of Insurance for **$2 million per incident** naming the Plainfield Park District as additionally insured.

☐ Team rosters (electronically excel format) indicating: players name, address, and city.

☐ Sign Hold Harmless and Indemnity Agreement Form.

Incomplete Applications will not be issued field permits.

By signing this form, I acknowledge that I have read and agree to abide by the facility/athletic field use application/agreement and all Park District rules and regulations. Failure to comply with Park District rules and regulations may result in the cancellation of the application, forfeiture of all fees/deposit, and forfeiture of the right to future use of Park District facilities/athletic fields. Permits are revocable at any time for violation of rules, ordinances or local & state laws.

☐ **By checking this box I acknowledge that this form is being submitted electronically and that this acts as my signature.**

Signature: _____ Date: / /