



**PLAINFIELD PARK DISTRICT
ATHLETIC FIELD/FACILITY USE APPLICATION**

Office Use Only	
Date Received:	_____
Initials:	_____
Priority Group:	_____

FORM 1

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
1 st	<i>Example: Renwick</i>	<i>Field #1</i>	<i>Name</i>	<i>6/01/12</i>	<i>1:00 pm</i>	<i>3:00 pm</i>
2 nd	<i>Example: Four Seasons</i>	<i>Field #3</i>	<i>Name</i>	<i>6/01/12</i>	<i>3:00 pm</i>	<i>5:00 pm</i>
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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: _____