

XXXXXX Athletic Field Reservation Request Form

Please complete form and return via email to: parksonline@scgov.net

Date Entered: _____ Initials: _____

**Always be sure to double check your reservation receipt, as we have holidays, maintenance blocks, etc. that could interfere with your expected schedule.*

Organization Name:

Contact Name:

Date Submitted:

Contact Email and Phone:

Organization Type:

Non-Profit

School

For-Profit

Other:

Projected # of Participants:

Projected Number of Teams:

(Please provide an estimate if unknown)

Facility Requested:

Reservation Purpose - Select One *(Please submit separate forms for game and practice schedules)*

GAMES

PRACTICE

CAMP/CLINIC

Field/Fields Requested: *Check all that apply or specify below*

#1

#2

#3

#4

#5

#6

#7

#8

Other

Start Date & End Date:

Start Time & End Time:

Days of Week:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

Any Skip Days due to holidays, etc?

If dates, times and days of week vary, please use FORM on followi} * Å æ ^ Æ

If reservations are for individual dates with different times, please enter specific information in the space below:

Field Specifications/Lining Requirements/Field Dimensions: *This information can also be provided in a separate email with diagrams if available.*

Please Attach the Following Required Documents:

Insurance/County Additionally Insured

Expires:

If a Non-Profit/Not-For-Profit:

Proof of Status

DR-14 for Tax Exempt Expires:

Forms must be provided annually. If previously provided, please confirm expiration dates.

**Incomplete forms will delay scheduling use of fields. Please be sure all information is included.*

