

# XXXXXX Athletic Field Reservation Request Form

Please complete form and return via email to: [parksonline@scgov.net](mailto:parksonline@scgov.net)

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

**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.*

