



DATE RECEIVED: _____
 TIME RECEIVED: _____
 RECEIVED BY: _____

**CITY OF GAITHERSBURG
 DEPARTMENT OF PARKS AND RECREATION
 ATHLETIC FIELD REQUEST FORM**

NAME OF USER GROUP _____
 CONTACT PERSON FOR GROUP _____
 CONTACT PERSON PHONE (Cell): _____ (Other): _____
 ADDRESS OF CONTACT PERSON: _____
 CITY _____ STATE _____ ZIP CODE _____
 EMAIL _____

DATE(S) OF EVENT: _____ TIME(S) OF EVENT: _____
 _____ TIME(S) OF EVENT: _____

DESCRIPTION OF EVENT: _____

APPROXIMATE NUMBER OF PARTICIPANTS: _____ APPROXIMATE NUMBER OF SPECTATORS: _____
 If over 50, what crowd control measures will be implemented? _____
 Will you have marshals? _____ How many? _____ How will they be identified? _____
 Is there reason to believe that any group or individual may wish to disrupt your event? _____
 If yes, what security precautions will you be taking? _____

TYPE OF FIELD REQUESTED: FOOTBALL SOFTBALL BASEBALL SOCCER Other: _____

SITE REQUESTED: MORRIS PARK: Morris Walker KELLEY PARK: Criswell #2 #3 ROBERTSON PARK: Upper Lower
 LAKELANDS PARK: Aux Art. Turf Softball A Softball B Annex 1 Annex 2

FEES:		<u>Res-NC</u>	<u>Res-Com</u>	<u>NR-NC</u>	<u>NR-Com</u>	
Administrative Fee:	Per Application:	\$15	\$25	\$20	\$35	= _____
STAFF (min. of 2 hours):	Number of hours: _____ x \$15	\$15	\$20	\$20		= _____
FIELD RENTAL:	Num. hours per field: _____ x \$15	\$15	\$20	\$20		= _____
	Criswell: Num. hours per field: _____ x \$20	\$30	\$40	\$60		= _____
	Lakelands Turf: Num. hours per field: _____ x \$100	\$160	\$120	\$185		= _____
MAINTENANCE STAFF:	Num. of hours: _____ x \$75					= _____
LIGHTS (if required)	Number of hours: _____ x \$25/\$37/\$50 (RP lower/All/Criswell-up)					= _____

TOTAL ESTIMATED FEES: \$ _____

ESTIMATED FEES: \$ _____ PROGRAM TOTAL: _____ BALANCE: _____ DUE BY: _____

MAKE ALL CHECKS PAYABLE TO THE CITY OF GAITHERSBURG

VISA/MC/DISC/AMEX NUMBER: _____ EXP. DATE: _____

NAME AS PRINTED ON THE CARD: _____

**CITY OF GAITHERSBURG
DEPARTMENT OF PARKS AND RECREATION
ATHLETIC FIELD REQUEST FORM (Continued)**

NAME OF USER GROUP _____

On-Site Contacts for this User Group:

Name: _____ Position: _____ Contact#: _____

I understand that the City of Gaithersburg reserves the right to cancel function(s) if violation of rules and regulations as set forth in the policies and procedures were to occur. I have read and understood the policies and procedures for field permitting and all addendums published as of the date of my signature and agree to any updated policies or procedures published as of the date of requested event. I state that I am certified by my organization, if any, to sign and commit said organization to all policies and procedures issued by the City. I further state that all participants and those associated with this event will abide by the provisions stated, as well as any City, County, and State laws governing the use of the facility.

APPLICANT'S NAME (print) _____ TITLE _____

APPLICANT'S SIGNATURE _____ DATE _____

NAME OF GROUP OR ORGANIZATION (if any): _____