



DATE RECEIVED: _____
 RECEIVED BY: _____
 PERMIT NUMBER: _____

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

NAME OF ORGANIZATION/INDIVIDUAL: _____ Nonprofit 501C(3)? Yes _____ No _____

CONTACT NAME _____

CONTACT PHONE (Cell): _____ **(Other):** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL: _____

DATE(s) / Time(s) OF EVENT: _____

DESCRIPTION OF EVENT: _____

TYPE of FIELD: SOFTBALL BASEBALL SOCCER Other: _____

SITE REQUESTED: KELLEY PARK: Field #1 / Field #3 / Art. Turf LAKELANDS PARK: Aux / Art. Turf / Field A / Field B
MORRIS PARK: Morris / Walker ROBERTSON PARK: Grass / Art. Turf

<u>Fees:</u>	<u>Res – NC</u>	<u>Res – Com</u>	<u>Non Res – NC</u>	<u>Non Res – Com</u>	<u>Hours x Cost = Total</u>
Admin Fee (x1): <input type="checkbox"/>	\$20	\$30	\$25	\$40	1 X _____ = _____
Field Fee (per hour):					
Grass Field Fee <input type="checkbox"/>	\$15	\$15	\$20	\$20	
Criswell BB Field <input type="checkbox"/>	\$20	\$30	\$40	\$60	
Lakelands Turf <input type="checkbox"/>	\$100	\$160	\$120	\$185	
Robertson Turf <input type="checkbox"/>	\$60	\$95	\$70	\$110	
Kelley Turf <input type="checkbox"/>	\$50	\$80	\$60	\$90	_____ X _____ = _____
Field Staff (per hour) <input type="checkbox"/>	\$20	\$20	\$25	\$25	_____ X _____ = _____
Lights (per hour):					
Criswell BB Field <input type="checkbox"/>	\$50	\$50	\$50	\$50	
Robertson Turf <input type="checkbox"/>	\$25	\$25	\$25	\$25	
All Others <input type="checkbox"/>	\$37	\$37	\$37	\$37	
*Kelley Turf has no lights yet					_____ X _____ = _____

APPROXIMATE # OF PARTICIPANTS: _____ **APPROXIMATE # OF SPECTATORS:** _____

If over 50, what crowd control measures will be implemented? _____

Any concerns or questions (parking, staffing, etc.)? _____

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

MAKE ALL CHECKS PAYABLE TO **THE CITY OF GAITHERSBURG**

PAYEE NAME (If different than above) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

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

NAME AS PRINTED ON THE CARD: _____

SIGNATURE: _____ DATE: _____

NAME OF USER GROUP _____

On-Site Contacts for this User Group:

Name: _____ Position: _____ Contact#: _____

Name: _____ Position: _____ Contact#: _____

Name: _____ Position: _____ Contact#: _____

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. I further agree, on behalf of said organization, to indemnify, defend, and hold harmless the City and its agents against any and all losses, injuries or damages to any person or thing that shall arise from the applicant's use of the City's athletic field(s) and all other related equipment, facilities, and instrumentalities.

APPLICANT'S NAME (print) _____ TITLE _____

APPLICANT'S SIGNATURE _____ DATE _____

NAME OF GROUP OR ORGANIZATION (if any): _____