



**ATHLETIC FIELD RESERVATION AGREEMENT
PARKS, RECREATION AND FACILITIES MANAGEMENT**

100 N. Appleton Street, Appleton, WI 54911

www.appletonparkandrec.org (920) 832-5905

Name of Event: _____ Estimated total attendance: _____

Name of Sponsoring agency/group: _____

Contact person for event: _____ E-Mail: _____

Address: _____ City: _____ Zip Code: _____

Home Number: _____ Work Number: _____ Cell Phone: _____

Requested athletic facilities *Please indicate # of fields/courts and type of fields. (i.e., soccer, football, softball)

Park Location	*Fields/Courts	Day/Date(s)	Start Time	End Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****Please check all that apply to your athletic field reservation****

_____ Setting up tents (permit required for tents over 200 sq. ft.) _____ Size _____ Quantity

_____ Admission/entry fee charged

_____ Sales of any kind (mark all that apply) No _____ Yes _____ (If selling food, contact Health Department for permit)

Food Raffle Alcohol (If selling alcohol, contact City Clerk for liquor license)

Beverage Apparel Other _____ explain: _____

_____ Special Event? Booklet received? No _____ Yes _____

Special Service Needs: There are fees associated with special service needs. Please refer to Athletic Facilities Policies and Fee form.

_____ Field Lighting

_____ Concession Stand

_____ Field Preparation

_____ Score Boards Diamonds 1-4 Only

_____ Other (please list) Examples: Base Path Length, Pitchers Mound Length, Batters Boxes, Etc.

HOLD HARMLESS AGREEMENT: I agree to indemnify and save harmless the City of Appleton and their employees, elected and appointed officials, and agents from any and all liability from claims of bodily injury, property damage, or any other nature whatsoever arising out of the use of City of Appleton properties herein specified. I have received a copy of the Athletic Field Facility Use Policies and Procedures and agree to abide by all the rules and regulations formulated by the City Council for the use of buildings and athletic facilities; and to adhere to all specifications and limits listed. I also certify by my signature below that I am a duly qualified representative of my organization and authorized to sign this Hold Harmless Agreement.

Signature _____ Date _____

(Applicant must be 18 years of age or older.)

FOR OFFICE USE ONLY

Approved **Denied** _____ **Date** _____

Tent(s) Permit \$ _____ Inspection Fee \$ _____

Athletic Fields Deposit \$ _____ Concession Permit \$ _____

(\$50.00 per field per day)

Amt. Rec'd \$ _____
Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge <input type="checkbox"/>
Date _____
Receipt # _____



PARKS, RECREATION AND FACILITIES MANAGEMENT

"Building communities and enriching lives where we live, work and play."