



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

100 N. Appleton Street, Appleton, WI 54911

[www.appletonparkandrec.org](http://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."