



ATHLETIC FIELD AND OUTDOOR COURT APPLICATION REQUEST FORM

(areas outlined in red are required)

This form must be submitted **no less than fifteen (15) calendar days before the date of requested use**. Completed forms can be submitted via e-mail to **calvin.simpson@alexandriava.gov**; via mail to the above address marked **Attn: Sports Office - Field and Court Coordinator** or dropped off to the same address. Fields will be allocated based on the Athletic Facilities Allocation Policy. A copy of this policy will be provided upon request.

Teams/Leagues requesting the use of facilities must submit rosters, proof of liability insurance and practice/game schedules. Failure to provide these will cause the request to be disapproved. Facility rentals will not be guaranteed for use until all fees are paid in full, proof of liability insurance submitted showing a minimum of \$1,000,000 in coverage, schedules received and a permit is issued.

*!Fees will be assessed based on request and may include *field rental fees, youth sports user fees, light fees, staffing fees, field preparation fees and non-resident fees.* If damage occurs to the field or court during the rental period, the Organization/League/Team will be assessed further fees to cover the cost of the repair. If the permit holder cancels the permit up to thirty (30) days prior to the rental, 25% of the facility reservation cost will be refunded. Otherwise there will be no refund.

Applicant Name		Address of Applicant		City	State:	Zip
Home Phone	Work Phone	Cell Phone	Applicants E-mail		Team Name	
League/Organization Name		Organization/League/Team's Address		City	State	Zip
Organization/ League/Team Phone	Organization/ League/Team Fax	Organization/League/Team E-mail			Organization/League/Team Web Site	

Number of Participants	Number of Residents	Number of Non-Residents	Type of Activity/Sport	Number of Spectators
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Age of Group Using Facility (check all that apply)

0-5 years	6-12 years	13-17 years	18-54 years	55 and over
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Facility Requested (1st Choice)	Facility Requested (2nd Choice)
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Date Requested (Start)	Date Requested (End)	Start Time	End Time
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Day(s) (check all that apply)

Mon	Tue	Wed	Thur	Fri	Sat	Sun
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Liability Insurance	Name of Carrier	Amount of Insurance	Date Submitted
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For Office Use Only

Proof of Insurance	Schedules Provided	Fees Paid	Approved	Total Fee Charged
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Facilities Approved For (attach permit with dates, times)	Field and Court Coordinator	Date
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