

**CITY OF WASHINGTON
PARKS AND RECREATION DEPARTMENT**

ATHLETIC FIELD USE APPLICATION

NAME/ORGANIZATION: _____

FACILITY/FIELD(s): _____

DATE(S): _____ **TIME(S):** _____

ATTENDANCE: _____ **ACTIVITY:** _____

I. LESSEE INFORMATION

LESSEE

Lessee (Name of Individual, Company, Corporation, or Organization): _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Fax: _____ E-mail Address: _____

Contact Name: _____ Phone: _____

II. ACTIVITY INFORMATION

CLASSIFICATION

All Activities at an athletic facility shall be classified as one of the following:

_____ Baseball _____ Softball _____ Soccer _____ Football _____ Rugby

ACTIVITY

What activity will take place? _____ Practice _____ Game _____ Tournament
 _____ Camp _____ Other

Estimated number of: Spectators _____ Participants _____ Vendors _____

DATES/TIMES

Day(s) of Activity: _____

Activity/Event Begins: _____ Activity/Event Ends: _____

Promotions Set-up Date: _____ Promotions Set-up Time: _____

Promotions Take Down Date: _____ Promotions Take Down Time: _____

Lights/Sound Set-up Date: _____ Lights/Sound Set-up Time: _____

Lights/Sound Take Down Date: _____ Lights/Sound Take Down Time: _____

Vendor Set-up Date: _____ Vendor Take Set-up Time: _____

Vendor Take Down Date: _____ Vendor Take Down Time: _____

Traffic Control Set-up Date: _____ Traffic Control Set-up Time: _____

Traffic Control Take Down Date: _____ Traffic Control Take Down Time: _____

Gate Time Set-up Date: _____ Gates Open: _____

Gate Close: _____ Gate Take Down: _____

Take Down Complete: _____

ACTIVITY DETAILS

| | | |
|--------------------------|-----------|----------|
| Admission Fee | Yes _____ | No _____ |
| Alcohol Sales | Yes _____ | No _____ |
| Alcohol Non-Sales | Yes _____ | No _____ |
| Donations Collected | Yes _____ | No _____ |
| Food/Beverages Sales | Yes _____ | No _____ |
| Food/Beverages Non-Sales | Yes _____ | No _____ |
| Gated Event | Yes _____ | No _____ |
| Live Music | Yes _____ | No _____ |
| DJ | Yes _____ | No _____ |
| Merchandise Sales | Yes _____ | No _____ |

| | | |
|---------------------|-----------|----------|
| Ticket Sales/Takers | Yes _____ | No _____ |
| Security Required | Yes _____ | No _____ |
| Volunteers | Yes _____ | No _____ |

If having merchandise sales, what type of items do you plan to sell?

If having admissions/ticket sales, what type of admissions/sales will take place?

| | |
|---------------------------|---------------|
| Ticket/Donation Price(s): | Advance _____ |
| | Gate _____ |
| | Other _____ |

EQUIPMENT DETAILS (Lessee)

| | | | |
|-----------------------|-----------|----------|--------------|
| Audio System | Yes _____ | No _____ | Number _____ |
| Video System | Yes _____ | No _____ | Number _____ |
| Public Address System | Yes _____ | No _____ | Number _____ |
| Generators | Yes _____ | No _____ | Number _____ |
| Grills/BBQ | Yes _____ | No _____ | Number _____ |
| Lighting | Yes _____ | No _____ | Number _____ |
| Display Screens | Yes _____ | No _____ | Number _____ |
| Visual Banners | Yes _____ | No _____ | Number _____ |
| Tents | Yes _____ | No _____ | Number _____ |
| Tables | Yes _____ | No _____ | Number _____ |
| Chairs | Yes _____ | No _____ | Number _____ |
| Bleachers | Yes _____ | No _____ | Number _____ |
| Trash Receptacles | Yes _____ | No _____ | Number _____ |
| Booths | Yes _____ | No _____ | Number _____ |
| Stage/Risers | Yes _____ | No _____ | Number _____ |
| Porta-Potties | Yes _____ | No _____ | Number _____ |
| Vehicles | Yes _____ | No _____ | Number _____ |
| Equipment | Yes _____ | No _____ | Number _____ |
| Fencing | Yes _____ | No _____ | Number _____ |

EQUIPMENT DETAILS (City)

| | | | |
|----------------------|-----------|----------|--------------|
| Bleachers | Yes _____ | No _____ | Number _____ |
| Trash Receptacles | Yes _____ | No _____ | Number _____ |
| Trash Bins/Dumpsters | Yes _____ | No _____ | Number _____ |

ADDITIONAL SERVICES (City)

| | | | |
|----------------|-----------|----------|--------------|
| City Personnel | Yes _____ | No _____ | Number _____ |
| Water | Yes _____ | No _____ | Number _____ |
| Electric | Yes _____ | No _____ | Number _____ |
| Sanitation | Yes _____ | No _____ | Number _____ |

PROMOTION/ADVERTISING DETAILS

Indicate Activity Promotion:

Newspapers (name) _____
TV (Stations) _____
Radio (Stations) _____
Websites _____
Posters/Fliers (Locations) _____
Direct Mail _____
Other _____

III. REPRESENTATION INFORMATION

- _____ I understand this application is only a request. Athletic Field availability will determine whether my request can be fulfilled or not.
- _____ I have read the Athletic Field Use Rules and Regulations as they apply to my application.
- _____ I will be contacted by a City of Washington representative once my application has been received and reviewed. I understand I should allow at least two (2) weeks for

my rental request to be processed.

If a corporation/partnership or organization, the Lessee represents and warrants to the City that this Agent has full right, power and authority to execute this Agreement on behalf of the Lessee.

As the Lessee of the Facility and its amenities, and by my signature, I agree that I am the responsible party and fully understand and agree to adhere to and comply with all the rules and regulations, laws and ordinances of the City of Washington and Washington Parks and Recreation Department in the regard to the Rental Activity of the Facility and I agree to the above indemnification.

Signature of Applicant

Date

Office Use Only

| | | |
|-------------------------|-----------|----------|
| Parks Maintenance | Yes _____ | No _____ |
| Parks Administration | Yes _____ | No _____ |
| Police Department | Yes _____ | No _____ |
| Fire Department | Yes _____ | No _____ |
| Building Department | Yes _____ | No _____ |
| Public Works Department | Yes _____ | No _____ |