

# APPLICATION FOR USE OF FIELDS



Date of Application: \_\_\_\_\_

Requested Field:  Petrovitsky Park  Pea Patch (aka Green River Park)

Other (please specify): \_\_\_\_\_

(Please indicate field choice by marking appropriate box with an X)

\_\_\_\_\_  
(Name of Organization) (Street/Post Office Box) (City-Zip) (Phone)

\_\_\_\_\_  
(Name of Person Responsible) (Street/Post Office Box) (City-Zip) (Phone)

Email: \_\_\_\_\_

What is the nature and purpose of use? \_\_\_\_\_ How many participants? \_\_\_\_\_

Will there be an admission charge, collection or funds solicited? Yes No Amount: \_\_\_\_\_

Date(s) Field Requested:

Month: \_\_\_\_\_ Date(s): \_\_\_\_\_ Time/From \_\_\_\_\_ To \_\_\_\_\_

Month: \_\_\_\_\_ Date(s): \_\_\_\_\_ Time/From \_\_\_\_\_ To \_\_\_\_\_

Month: \_\_\_\_\_ Date(s): \_\_\_\_\_ Time/From \_\_\_\_\_ To \_\_\_\_\_

### Agreement & Membership:

The above referenced Group /Organization hereby makes application to Kent Covington Youth Soccer (KCYS) for the use of the fields as described above. The undersigned representative makes this application on behalf of the Group/Organization and certifies that the information given in this application is true and correct. The applicant agrees to strictly observe and enforce all rules and regulations of KCYS, the KCYS Field Scheduler, and the KCYS Field Use Policy. KCYS does not maintain insurance that will respond to claims against the applicant arising out of the use of the fields by the Applicant, its members, or those attending the event that are not Members or Associate Members of KCYS. Applicant and the responsible representative(s) of the applicant organization must submit a Certificate of Insurance naming KCYS as additional insured with the application. Applicant must have prior use invoices paid in full before a new application will be considered. The applying Group/Organization is required to be a Member or Associate Member of KCYS to use these fields under this agreement. The applicant is responsible for obtaining membership before the time this application is presented.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved - No Charge
- Approved With Charges Estimated Total: \_\_\_\_\_
- Disapproved Reason: \_\_\_\_\_
- Membership  Signed Field Use Policy

Field Scheduler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be filled by KCYS