

2019 MONCLOVA TOWNSHIP FACILITY USE APPLICATION

Applicant/Organization Representative

Name: _____ Primary Contact #: _____

Address: _____

Email Address: _____

Name of Second Contact: _____ Primary Contact #: _____

Organization Information:

Organization Name (if applicable): _____

Team Type: (i.e. U10): _____ Check one: ___ competitive (travel) ___ youth (rec) ___ adult program

Area Requesting: Leagues-ONE athletic field request per application; each request considered individually *

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Park Shelter | <input type="checkbox"/> Practice soccer area #1 | |
| <input type="checkbox"/> Community Park BD #1 | <input type="checkbox"/> Practice soccer area #2 | <i>Tennis courts at Community Park</i> |
| <input type="checkbox"/> Community Park BD #2LL | <input type="checkbox"/> Practice soccer area #3 | <i>are first-come/first serve; as is</i> |
| <input type="checkbox"/> Keener Park BD #1 | <input type="checkbox"/> Practice soccer area #4 | <i>Keener Park horseshoe pit</i> |
| <input type="checkbox"/> Keener Park BD #2 | <input type="checkbox"/> Practice soccer area #5 | |
| <input type="checkbox"/> Keener Park Shelter | <input type="checkbox"/> Practice soccer area #6 | |

1) SINGLE EVENT USE: (If league, skip to the next section)

Description of Event: _____

Event Date(s): _____

Arrival Time: _____ AM/PM Departure Time: _____ AM/PM

(Please note Guidelines for Facility Use, specifically no carnival-type activities; no alcohol; adhere to noise control & park hours)

OR 2) LEAGUE USE: MUST INCLUDE COMPLETE ROSTER WITH ADDRESSES

Weekday Play: Check a **MAXIMUM** of two: ___ Mon / ___ Tues / ___ Wed / ___ Thurs / ___ Fri

- 5:30 PM to 9:00 PM Start date/end date: _____

Weekend Play: Check one: ___ Sat OR ___ Sun

- | | |
|---|--|
| <input type="checkbox"/> 9:15 AM - 11:45 PM | <input type="checkbox"/> 2:15 PM - 4:45 PM |
| <input type="checkbox"/> 11:45 AM - 2:15 PM | <input type="checkbox"/> 4:45 PM - 7:15 PM |

I have read and will abide by the Guidelines for Facility Use. Please consider my request.

(Signature required)

Name of Contact Person (print): _____

Signature: _____ Date: _____

Township Comments: _____ Date: _____

IF YOU ARE APPROVED FOR USE, a signed copy of the application will be returned via email to the primary contact person. This should be with you during your scheduled time.

If you were not given permission to use one of our athletic fields, you may NOT use open space. Do NOT give up your approved space simply because someone has moved into your assigned space. Kindly ask them to vacate and show this signed form.

*League: Facility Use Application must include team roster with names/addresses of players. Your application will be invalidated if the roster is not attached or if this application is not filled out completely. It is not the responsibility of township staff to plea for required information.

Simple Summary of Guidelines: Do NOT dig into our fields. Pick up after yourself. Priority use is given to township residents. If weather conditions warrant you must avoid damage to our fields and cancel use of field. No alcoholic beverages on premises. No carnival-type games brought into our facility; this includes inflatables.