



2023 Field Usage Request Form

Sport: _____ Team Name: _____ Age(s): _____

Applicant Name: _____

Applicant Full Address: _____

Daytime Phone: (____) _____ Cell Phone: (____) _____

Fax: _____ E-Mail: _____

Organization: _____ League Commissioner: _____

Season: Spring Fall Other Applicable Dates from: _____ to: _____

REQUESTED INFORMATION:

Requested Field Location Boonsboro Park (Potomac St) Shafer Park (Park Dr)

Requested Field Football Soccer Baseball/Softball Basketball

Usage Practice Games All-Stars Clinic Other _____

1st Choice date (s) / day (s): _____ Time (s): _____

2nd Choice date (s) / day (s): _____ Time (s): _____

Usage: Practice Games All-stars Clinic Other _____

Please note, this is simply a request form only. Dates, times & locations will be assigned & distributed on a first come, first served basis upon field availability, with priority given to Boonsboro affiliated non-profit organizations. No organization shall obtain exclusive usage rights to any field. Request forms shall be received no later than 30 days prior to the requested start date. All approved requests are subject to a field usage agreement.

OFFICE USE ONLY - APPROVALS:

Organization: _____ Contact Person: _____

Date Received: _____ Expiration Date: _____

Approved Field Location: Boonsboro Park Shafer Park

Assigned Field: Football Soccer Baseball/Softball Basketball

Certificate of Insurance Provided yes/no Field Usage Agreement Obtained yes/no

Approved Date (s) / Day (s): _____ Time (s): _____

Approved by: _____ Date: _____

Misc/Notes : _____



Send to ~ Town of Boonsboro/Field Usage Request
21 N. Main Street, Boonsboro, MD 21713
Phone (301)432-5141 Fax (301)432-4050
Email: officemanager@townofboonsboro.com

