



Youth

Field Usage Request Form



Sport: \_\_\_\_\_ Team Name: \_\_\_\_\_ Age(s): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Full Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Organization: \_\_\_\_\_ League Commissioner: \_\_\_\_\_

Please include your team rosters (including addresses & affiliated school) along with Coaches forms and insurance certificate.

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 [ ] Other \_\_\_\_\_

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 [ ] Other \_\_\_\_\_

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

