

SMYRNA PARKS & RECREATION DEPARTMENT
ATHLETIC FIELD USE
TOURNAMENT APPLICATION

NAME _____ PHONE _____ (W)

ADDRESS _____ (H)

ORGANIZATION _____

NAME OF EVENT _____

LEVEL/CLASSIFICATION(class, local, district, ect.) OF TOURNAMENT: _____

WHAT ASSOCIATION RULES WILL YOU BE USING? _____

WHICH PARK(S)? _____

WHICH FIELD NUMBERS? _____

BASE DISTANCE (OR FLD DIMENSIONS) FOR EACH FIELD _____

[USE OTHER SIDE IF NEEDED]

PITCHING DISTANCE FOR EACH FIELD _____

[USE OTHER SIDE IF NEEDED]

TOURNAMENT DATES & DAYS: _____

START TIME: _____

END TIME: _____

SPECIAL ARRANGEMENTS NEEDED FROM PARKS DEPARTMENT: _____

NUMBER OF TEAMS EXPECTED? (APPROX) _____

TOURNAMENT ENTRY FEE PER TEAM: \$ _____

NAME OF TOURNAMENT MANAGEMENT COMPANY YOU ARE COORDINATING WITH?
(if applicable): _____

NAME/PHONE NUMBER OF CONTACT PERSON WITH MANAGEMENT GROUP

PROCEEDS GO TO (explain terms of agreement {fees included} of management group, if
applicable): _____

CONCESSIONS OPERATED BY _____ CONTACT _____
AT _____ FOR CONCESSION STAND ARRANGEMENTS.

USER FEE: \$40.00 PER FIELD PER DAY PER FACILITY USED PLUS \$10.00 PER TEAM ENTERED IN
TOURNAMENT.

\$100.00 CLEANING FEE PER DAY PER FACILITY USED--REFUNDABLE IF FACILITY IS CLEANED
EACH DAY

PLEASE HELP WITH TRASH PICK UP DAILY.

INSURANCE CERTIFICATE MUST BE SUBMITTED ALONG WITH THIS APPLICATION

REQUEST MUST BE SUBMITTED 30 DAYS PRIOR TO USE.

*This is to confirm that the above entity making this facility request will assume all legal and
financial liability for guests and property during the use of city owned property.*

Signature

Date