

Athletic Field Use Application

Complete application and return with **\$50.00 application fee** 30 days before the event

Name of Organization/Group: _____ Telephone: _____

Address: _____ City: _____ State: _____

If Organization – Name, Address and Telephone number of authorized representative:

Function (Please Check): Practice Game Tournament Other Special Activity

Event Name: _____

Event Dates:/Times _____

Event Purpose: _____

(i.e. fundraising, profit making)

Description of Event: _____

Anticipated Attendance (estimate): _____ Admission Fee/Donation: _____

Site(s) Requested: Don Roux Field (Lights: Yes No @ \$100/Night) Drouin Soccer Field
 Drouin Softball Field Franklin Pasture Baseball/Field Hockey Franklin Pasture Upper Softball
 Franklin Pasture Main/Track Franklin Pasture Tennis Courts (Court Number(s) _____)
 Kennedy Pool LAP Football LAP Baseball LAP Practice McMahon Field
 Marcotte Field Montello Field Randall 1 Randall 2 Randall 3

AGRICULTURAL AND GROOMING MATERIALS

Additional charges may be assessed from the Lewiston Public Works Department to include truck rental, overtime, agricultural and grooming materials, etc.

FIELD USE FEE

League Games \$30.00 per game
Tournament Games \$15.00 per game
Benefit Games \$ 9.00 per game

OTHER PROGRAMS

| | |
|-------------------|-------------------|
| <i>Commercial</i> | <i>Non-profit</i> |
| \$60 per hour | \$25 per hour |

I have reviewed the policy pertaining to use of athletic fields and agree to be bound by its terms.

Signature of applicant or authorized representative

Date

Paid: Credit Card – Check – Cash: _____ **Ck #:** _____ **Receipt #:** _____ **Date:** _____ **By:** _____

TO BE COMPLETED BY CITY

Acted on by Director: _____
Date

Referred to Field Use Review Committee: _____
Date

ACTION TAKEN: Granted: _____ Granted with conditions: _____ Denied: _____

If Granted with Conditions, description of conditions imposed: _____

Security: _____

Security Deposit: _____

Insurance: _____

Additional Fees: (state amount and reason) _____

Coverage: _____

Notify Fire/Police: _____

Tables: _____

Chairs: _____

Other: _____

DATE: _____

BY: _____