

**BALLFIELD-MULTI-PURPOSE USAGE REQUEST
APPLICATION(OUTDOORS)**

RESIDENT ___ NON-RESIDENT ___

REQUEST THE USE OF: Softball Field Multi-Purpose Field Basketball Ct

NUMBER OF NORTH STRABANE TOWNSHIP RESIDENTS PARTICIPATING FROM YOUR ORGANIZATION ___ OUT OF ___ TOTAL PARTICIPANTS ___ % OF PARTICIPATION

LEAGUE'S WEBSITE/ TEAM'S ORGANIZATION WEBSITE _____

NAME OF CONTACT PERSON: _____

PHONE: HOME: _____ WORK: _____ E-MAIL ADDRESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEGINNING SEASON DATES: _____

ENDING SEASON DATES: _____

REGULAR SEASON DATES: SPRING/SUMMER FALL KEYS REQUIRED

TIME	DAYS	MON	TUES	WED	THURS	FRI	SAT	SUN
2 Hour Time Slots*								
4 – 6 PM								
6:00 – 8:00 PM								
8:15 - 10:30 PM								
1 ½ Hour Time Slots*								
4:00-6:00 PM								
6:00 - 7:30 PM								
7:30-9:00PM								
9 - 10:30 PM								

*Multi-purpose field will close at 9:15PM - * Suggested Time-slots

SIGNATURE OF REPRESENTATIVE _____ DATE: _____

Please make check payable to: North Strabane Township
Reservation is not complete until the fee is paid, and the approved form is released.

*****INSURANCE CERTIFICATES AND TEAM ROSTERS MUST BE SUBMITTED TO TOWNSHIP OFFICE PRIOR TO START OF LEAGUE PLAY.**

*****ANY USE OF ALCOHOL BEVERAGES IS IN VIOLATION AND MAY RESULT IN IMMEDIATE LOSS OF FIELD USE**