

2020 North Strabane Municipal Park Field Request

Organization Name: _____

Main Contact: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____

Email: _____

Other Contacts/Authorized Schedulers:

Name	Phone	Email

Age - Please select all age groups that make up your participants.

- Youth (ages 3-12)
- 13-18
- Adult (ages 19 and over)

Gender - Please select all genders that make up your participants.

- Male
- Female

Years in Existence:

Is your company a 501(c)(3) organization?

What is your Employer Identification Number (EIN)? (Must provide copy of W-9)

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Second Preference (Include requested time for field lighting if applicable)

Field	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

ONE MONTH PRIOR NOTICE REQUIRED FOR ALL CANCELLED USAGE DATES, OR FEES ARE NON-REFUNABLE

CANON-MAC BASED GROUPS WHO DO NOT SUBMIT REQUESTS BY THE DEADLINE WILL FORFEIT THEIR CANON-MAC BASED YOUTH ORGANIZATION STATUS REGARDING SCHEDULING

FIELD REQUEST MUST BE SUBMITTED BY:

USAGE FEES, Insurance Certificate, Organization EIN, and Clearances **MUST** be submitted prior to start date. Use of Alcoholic Beverages is a violation and will result in immediate loss of field use and loss of deposit and fees.

I have read the North Strabane Township Field Usage Policy and understand field reservations are subject to availability and changes as determined by North Strabane Township.

Signature: _____ Date: _____

