

2022 North Strabane Municipal Park Field Request

Organization Name: _____ Sport/Activity: _____

Contact Person: _____

Organization Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

Email: _____

Other Contacts/Authorized Schedulers:

Name	Phone	Email

Are you a youth organization? _____

If yes, is your organization located in the Canon-MacMillan School District? _____
(Must provide W-9 form verifying organization's address is located in Canon Mac School District for eligible youth organization rate.)

Are you a 501(c)(3) non-profit organization? _____

(Must provide 501(c)(3) form verifying organization's non-profit status)

Age Range: _____

Gender: _____

Years in Existence: _____

Total Number of Teams: _____ Total Participants: _____

Total Canon-McMillan Based Participants (Must be able to verify): _____

Ballfield Requests please list distance used for bases and pitching mound:

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ONE WEEK PRIOR NOTICE REQUIRED FOR ALL CANCELLED USAGE DATES, OR FEES ARE NON-REFUNFABLE

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

USAGE FEES, Insurance Certificate, Organization W-9, Non-Profit Documentation **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: _____

