

## ATHLETIC FIELD PERMIT APPLICATION

### APPLICANT INFORMATION

RENTER NAME: \_\_\_\_\_ ORGANIZATION/GROUP: (if applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RENTAL DAY CONTACT NAME: \_\_\_\_\_ RENTAL DAY CONTACT PHONE: \_\_\_\_\_

### RENTAL INFORMATION

FIELD/PARK REQUEST: \_\_\_\_\_ INTENDED USE OF PARK: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ TIME OF EVENT: Start: \_\_\_\_\_ End: \_\_\_\_\_

*\*Include setup/takedown time for event*

EXPECTED # OF PARTICIPANTS: \_\_\_\_\_ EXPECTED # OF SPECTATORS: \_\_\_\_\_

PREVIOUS YEAR DATE/LOCATION: Has this event been previously held?

NO     YES    If **YES:** Rental Name: \_\_\_\_\_ Location/City: \_\_\_\_\_ Date: \_\_\_\_\_

RENTAL DESCRIPTION: Please check the type of rental

Baseball     Softball     Soccer     Volleyball     Flag Football     Rugby     Other

Brief Description of Event: \_\_\_\_\_

### ADDITIONAL NOTES REGARDING EVENT/RENTAL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INSURANCE REQUIREMENTS

\*Do not purchase insurance until event/rental has been approved\*

- Certificate of Insurance naming the City of Maplewood as additional insured. Minimum amounts of coverage should be as follows:
  - ◊ \$1 million each occurrence
  - ◊ \$2 million general aggregate
- Insurance can be purchased at <https://www.intactspecialty.com/entertainment>
  - ◊ Scroll to middle of page "Planning an Event" and click "Get a Free Quote" and select the options for your event.
  - ◊ Venue ID Code: 0501-AYS

By signing this application I am agreeing to proper care and use of the facility I rented and will provide the required insurance coverage and documentation for applicable rentals. I will leave the field in the condition that it was in when I arrived minus the expected normal wear and tear of said event.

I agree to be bound by the above terms as a condition to the issuance of a Athletic Field Permit.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Office Use Only**

Fee Amt \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_ Staff \_\_\_\_\_  
 Damage Deposit Forfeit: Yes or No    Reason: \_\_\_\_\_