



Athletic Field Use Application

Date: _____ League/Program/Group Name: _____

User Type: Recreational Youth Select Youth Adult

Category: Resident Non-Resident Returning New

Sport: Soccer Baseball Softball Football Lacrosse Other: _____

Contact Name: _____ Email: _____ Phone #: _____

Address: _____

Number of participants: _____ Number of teams: _____

Please fill in the table below, remember to include time for warm up before games, we do not schedule on the ¼ hour.

Request Park & Field #	Day(s) of Week	Start Date	End Date	Start Time	End Time	Total Field Hours
Heritage or Church Creek Field #	M T W Th F Sa Su					
Heritage or Church Creek Field #	M T W Th F Sa Su					
Heritage or Church Creek Field #	M T W Th F Sa Su					

YOUTH:

Total Field Hours: _____ x \$5 /hr = \$ _____ x 9.1% tax = \$ _____ attach this this amount to application.

ADULT and NON-RESIDENT:

Total Field Hours: _____ x \$15 /hr = \$ _____ x 9.1% tax \$ _____ attach this this amount to application.

Refunds/credits due to field closers or rain outs will be processed at the end of the permit schedule. To be eligible for a refund/credit an Athletic Field Credit Request form must be submitted within 7-days of the field closer/rain out and be on file; this form can be found on the city's website at www.ci.stanwood.wa.us.

_____ Application _____ Concussion Form _____ Liability Insurance _____ Payment

_____ Refund Check