

City of Kingsford
APPLICATION TO USE COMMEMORATIVE SOCCER FIELD & FACILITIES

1. First & Last Name: _____
Address _____ City _____ St _____ Zip _____
Phone No. _____ Email _____
2. Is anyone sponsoring the event? ____ Yes ____ No If yes, provide name _____
Address _____ City _____ St _____ Zip _____
Phone No. _____ Email _____
3. Date(s) requested: _____ (Please attach schedule if applicable.)
Time requested: _____
Purpose: _____
4. Name of party responsible for lining the field: _____

Requirements to use Commemorative Soccer Field & Facilities

- \$100.00 refundable deposit
 - \$50.00/per game
 - I have read and understand the attached rules and agree to abide by all responsibilities listed.
- Initials _____

LIABILITY INSURANCE

5. Name of provider _____ Policy Number _____ *Please attach a copy of the Certificate of Insurance listing the City of Kingsford as an additional insured.*
6. Other relevant information _____

VERIFICATION

I, the undersigned applicant, hereby acknowledge that I am aware that the City of Kingsford Code of Ordinances Sec. 26-41 has terms and conditions for the use of parks in the City of Kingsford. Further, I understand and agree that I will abide by all of the terms and conditions noted in said ordinances.

Signature of Applicant: _____ Date: _____

Printed Name: _____

AUTHORIZATION AND PERMIT

I, the undersigned, on behalf of the City of Kingsford based upon the information contained in this application, hereby authorize the requested activity and issue a permit, subject to the conditions set forth in the City of Kingsford Code of Ordinances Sec. 26-41, and the following:

Signature of City Manager or Designee: _____ Date: _____

Internal use only

Date Received: _____

Date Approved: _____

Deposit Received: yes / no

Per Game Fee Received: yes / no

Reserved on Calendar: yes / no

Notified KPS & DPW: yes / no

This Institution is an Equal Opportunity Provider, and Employer