

DICK'S SPORTING GOODS PARKTOURNAMENT APPLICATION



CLIENT INFORMATION:

TOURNAMENT NAME: _____

HOSTING ORGANIZATION: _____

ADDRESS: _____

CITY, STATE: _____ ZIP: _____

DAY PHONE #: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ DIRECT PHONE #: _____

SPECIFIC INFORMATION:

SPORT (Circle): Soccer Lacrosse Football Rugby Kickball Dodgeball

Other _____

FIELD PREFERENCE (Circle): Synthetic Turf Natural Grass Both

NUMBER OF FIELDS: ___ Synthetic Turf (2) ___ Natural Grass (21)

NUMBER OF PARTICIPATING TEAMS: _____

NUMBER OF GAMES ANTICIPATED: _____

START DATE: ___/___/2007 END DATE: ___/___/2007

START TIME (each day): ___:___ AM/PM END TIME (each day): ___:___ AM/PM

RENTAL REQUESTS (per day):

Tents: _____

Tables: _____

Chairs: _____

PA System: _____

Walkie Talkies: _____ (sets of 4)

Golf Carts: _____

Generator: _____ (max. 1)

Scoreboards: _____ (max. 23)

Trainers: _____

EMT: _____ (max. 2)

Security: _____ (overnight/day)

Trash Receptacles: _____

ADDITIONAL NOTES / INSTRUCTION: _____

Applicant Signature

Date