

DICK'S SPORTING GOODS PARK WEEKLY RENTAL PERMIT APPLICATION



CLIENT INFORMATION:

ORGANIZATION NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY, STATE: _____ ZIP: _____

DAY PHONE #: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

ALTERNATE CONTACT:

NAME: _____ PHONE #: _____

PERMIT INFORMATION:

SPORT (Circle): Soccer Lacrosse Football Rugby Kickball Dodgeball Camp/Clinic
Other _____

FIELD USE (Circle): League, Games Practices Tournament

FIELD PREFERENCE (Circle): Synthetic Turf Natural Grass Both

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

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

DAYS OF WEEK: 1st Choice (Circle days): Mon Tues Wed Thurs Fri Sat Sun

2nd Choice (Circle days): Mon Tues Wed Thurs Fri Sat Sun

START TIME: ____: ____ AM/PM END TIME: ____: ____ AM/PM

EXCLUSIONS TO THESE DAYS AND TIMES: _____

Kroenke Sports Enterprises reserves the right to revoke, postpone, or change the privileges granted to clients after the permit process is completed if the client breaches contract.

Applicant Signature

Date