

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