

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 & Entertainment 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