

NAME OF FACILITY/PLAYFIELD:		
DAY(S) OF WEEK:	START DATE:	END DATE:
EVENT TIMES (ENTERING & LEAVING THE LOCATION):		AM/PM to AM/PM
TYPE OF LEAGUE: <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Kickball <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Tennis <input type="checkbox"/> Volleyball		
# OF PEOPLE EXPECTED:		
SPECIAL SERVICES REQUESTED: (bases, field lights, restroom access, field lining – additional fee required for most services. See the Outdoor Permit Rental Rate sheet for a full description of fees)		
DESCRIPTION OF ACTIVITY:		

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FOR OFFICE USE ONLY (DEPARTMENT OF RECREATION AND COMMUNITY SERVICES)

Permit Application
APPROVED _____

Permit Application
DENIED _____

Permit requires
insurance: (Y/N) _____

MPS Supervisor
Signature & Date _____