



**SUFFOLK DEPARTMENT OF PARKS AND RECREATION
APPLICATION FOR USE OF DEPARTMENT ATHLETIC FIELDS**
(Must be submitted 30 business days prior to requested date)

Date of Application: _____

LESSEE CONTACT INFORMATION

Name of Requestor: _____ Home Address: _____
 Date of Birth: _____ Email Address: _____
 Daytime Phone #: _____ Evening Phone #: _____

Secondary Contact: _____ Home Address: _____
 Date of Birth: _____ Email Address: _____
 Daytime Phone #: _____ Evening Phone #: _____

ORGANIZATION INFORMATION

Organization Name: _____ Organization Address: _____
 501 (c) (3) Organization? YES or NO Non Profit Status Number: _____
 Organization Website: _____

**If approved, organization will be required to obtain liability insurance with the City of Suffolk and/or Suffolk City School Board named as additional insured.*

FACILITY INFORMATION

Facility Requested:	Softball	Baseball	Football	Soccer	Tennis Courts
<input type="checkbox"/> John F. Kennedy Athletic Complex	F1 or F2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Peanut Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Monogram Ballfield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wellons Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Kings Fork Athletic Complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Howard Mast Tennis Complex: <i>(indicate court numbers)</i>					<input type="checkbox"/> Court #s _____

ACTIVITY DETAILS

This rental for: League Games _____ Practices _____ Tournaments _____ Special Event _____

League Type: YOUTH or ADULT Number of Participants: _____ Number of Adult Volunteers: _____

Age Range of Attendees: _____ Anticipated Attendance: _____

Will you charge admission? YES ___ or NO ___ Do you need lights? YES ___ or NO ___



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Will concessions be offered? YES ___ or NO ___

Do you need concession Stand? YES ___ or NO ___

Athletic fields are available for rental from 8:00am–11:00pm. *Full Day* rentals are defined as eight (8) or more hours and *Half Day* rentals are defined as eight (8) hours or less. *Prices are based on City Council approved Fee Schedule.*

Please put times under days of the week

Date(s) Requested:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

TOTAL NUMBER OF HOURS REQUESTED (Set-up + Event + Breakdown): _____

DOCUMENTATION AND PERMITS

This application is subjected to approval and will be denied if any information is false or unverifiable. If the event is approved, it is the responsibility of the lessee to obtain all documentation/permits identified below within 15 business days prior to the event date. Failure to submit all documentation with 15 business days will result in cancellation of your request.

Required Documentation/Permit	Required (Staff will check)	Date Received (Staff will date)
Deposit/Application Fee <i>*(All rentals require a \$150.00 Deposit/App Fee \$25)*</i>		
Photo Identification		
Security Request Form		
ABC License (757-825-7830)		
Copy of Business License		
Copy of Nonprofit Certification		
Liability Insurance		
Special Event Permit		
Health Department Food Permit (757-514-4754)		
Special Tax Application from Commission of Revenue (757-514-4260)		

BALANCE DUE DATE (To be filled by staff): _____

Each application may be reviewed by the Suffolk Police Department for security recommendations. If police security is recommended, it will be provided by the Suffolk Police Department.



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Applicant Signature: _____

Date: _____

FOR DEPARTMENT USE ONLY

RECEIVED BY: (Print Name & Title) _____ DATE: _____

____ APPROVED ____ DISAPPROVED Facility Supervisor: _____ DATE: _____

____ APPROVED ____ DISAPPROVED Facility Supervisor: _____ DATE: _____

DATE(S) LESSEE is contacted: _____

Contacted By: Print Name & Title) _____

Additional Notes: _____

Cancellation (Customer Email Attached)

Cancellations In Person (must fill out information below):

I/We, _____, wish to cancel my reservation at _____
(Print Name) (Location)

scheduled on _____. I understand by canceling, any payment due to me will be received
(Date)

within 30-45 days.

Lessee (Signature)

Date