



Date Submitted: _____

Athletic Facility Rental Request

RESERVATION INFO

Type of reservation: Tournament Practice Scrimmage/Game Camp Party Other

Age group: Youth Adult

Activity (baseball, tennis, rugby, soccer, etc.): _____ Age group (8U, 13U, etc.): _____

If sanctioned, by whom (ASA, USSSA, OYSA, etc.): _____

Event name/reservation description: _____

Reservation day(s)/date(s): _____

Facility/Location(s): _____

Begin time (including setup): _____ End time (including cleanup): _____

Est. number of attendees (including participants, coaches, spectators, etc.): _____

CONTACT INFO

Organization (if applicable): _____

501(c)3 non-profit? Yes or No (choose one) If yes, IRS tax ID #: _____

Contact Name: _____

Email Address: _____

Phone 1: _____ Phone 2: _____

Mailing Address: _____

ADDITIONAL SERVICES (check all that apply)

Field layout/painting

Field prep (baseball/softball)

Light use (Skyline only)

Equipment use (goals, benches, etc.)

Charging admission

Vendors/concessions

Serving alcohol

Selling alcohol

Water access

Electricity access

Submit completed request via email to BeckyY@bendparksandrec.org or to Bend Park & Recreation District, Attn: Becky Young, 799 SW Columbia St., Bend, OR 97702.