



# ATHLETIC FACILITY RENTAL REQUEST

## CONTACT INFO

Organization (if applicable): \_\_\_\_\_

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

Contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Mailing address: \_\_\_\_\_

## RESERVATION INFO

Type of rental: 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/rental 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.): \_\_\_\_\_

## ADDITIONAL SERVICES (check all that apply)

Field layout/painting

Field prep (baseball/softball)

Serving alcohol

Selling alcohol

Light use (Skyline only)

Charging admission

Vendors/concessions (tournament only)

Water access (tournament only)

Electricity access (tournament only)

**Submit completed request form via email to [BeckyR@bendparksandrec.org](mailto:BeckyR@bendparksandrec.org)**

Date Submitted: \_\_\_\_\_