

**BALLFIELD-MULTI-PURPOSE USAGE REQUEST
APPLICATION(OUTDOORS)**

RESIDENT ___ NON-RESIDENT ___

REQUEST THE USE OF: Softball Field Multi-Purpose Field Basketball Ct

NUMBER OF NORTH STRABANE TOWNSHIP RESIDENTS PARTICIPATING FROM YOUR ORGANIZATION ___ OUT OF ___ TOTAL PARTICIPANTS ___ % OF PARTICIPATION

LEAGUE'S WEBSITE/ TEAM'S ORGANIZATION WEBSITE _____

NAME OF CONTACT PERSON: _____

PHONE: HOME: _____ WORK: _____ E-MAIL ADDRESS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BEGINNING SEASON DATES: _____

ENDING SEASON DATES: _____

REGULAR SEASON DATES: SPRING/SUMMER FALL KEYS REQUIRED

| TIME | DAYS | MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----------------------------|------|-----|------|-----|-------|-----|-----|-----|
| 2 Hour Time Slots* | | | | | | | | |
| 4 – 6 PM | | | | | | | | |
| 6:00 – 8:00 PM | | | | | | | | |
| 8:15 - 10:30 PM | | | | | | | | |
| 1 ½ Hour Time Slots* | | | | | | | | |
| 4:00-6:00 PM | | | | | | | | |
| 6:00 - 7:30 PM | | | | | | | | |
| 7:30-9:00PM | | | | | | | | |
| 9 - 10:30 PM | | | | | | | | |

*Multi-purpose field will close at 9:15PM - * Suggested Time-slots

SIGNATURE OF REPRESENTATIVE _____ DATE: _____

Please make check payable to: North Strabane Township
Reservation is not complete until the fee is paid, and the approved form is released.

*****INSURANCE CERTIFICATES AND TEAM ROSTERS MUST BE SUBMITTED TO TOWNSHIP OFFICE PRIOR TO START OF LEAGUE PLAY.**

*****ANY USE OF ALCOHOL BEVERAGES IS IN VIOLATION AND MAY RESULT IN IMMEDIATE LOSS OF FIELD USE**