

City of Decatur

Athletic Facility Rental Application

Facility Requested: _____

Tournament or Event Name: _____ Sanctioned: Yes ____ No ____

Sanctioning Body: _____

Name of Hosting Organization: _____

Address: _____

Contact Name: _____

Day Phone _____ Evening Phone _____ Cell _____

Email _____

Alternate Contact Name: _____

Day Phone _____ Evening Phone _____ Cell _____

Email _____

Desired Date of Event _____ Alternate Date _____

Desired Time of Event _____ Alternate Time _____

Age Group _____ Number of Teams _____ Level of Play _____

Name and Number of Fields Requested _____

How many years has event been held? _____

Location of event (Past Two Years) _____

Will there be an entry fee charged for this activity? Yes ____ No ____

Gate Fee? Yes ____ No ____

Is this activity open to the general public? Yes ____ No ____

Do you plan to have outside vendors? Yes ____ No ____

Event Director Signature _____ Date _____

(To be completed by Decatur Parks and Recreation Department)

Deposit Fee \$ _____ Date Paid _____ Receipt No. _____ Rec'd By _____

Balance Due \$ _____ Date Paid _____ Receipt No. _____ Rec'd By _____

Refund Amt \$ _____ Date Submitted _____ By _____