

SYMMES TOWNSHIP
ATHLETIC FIELD REQUEST FORM

CONTACT PERSON

NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

LEAGUE INFORMATION * All information is required to receive a field assignment. Leagues serving Symmes residents (primary) or organized by Symmes school district (Sycamore, Loveland or Indian Hill) are given priority in field scheduling.

LEAGUE NAME, COMMUNITY AND SCHOOL DISTRICT: _____

AGE GROUP SERVED: _____

NUMBER OF PLAYERS AND TEAMS EXPECTED: _____

PLEASE ATTACH TEAM ROSTERS WITH PLAYER NAMES AND ADDRESSES

PLAYER FEE CHARGED: _____

INSURANCE COVERAGE: COMPANY/AGENT: _____

COVERAGE & AMOUNT: _____

(Attach declaration page showing Symmes Township as an additional insured)

FIELD REQUEST INFORMATION

FIELD USAGE FROM OTHER COMMUNITIES: (Where and how many) _____

FIELD LOCATION(S) REQUESTED: _____

DAYS & TIMES REQUESTED: _____

SEASON BEGIN & END DATES: _____

EQUIPMENT MUST BE REMOVED from Symmes Township property within one (1) week of end of play.

FIELD LINING and preparation are the responsibility of the league or team.
