



Athletic Field Use Application

Date: _____ League/Program/Group Name: _____

User Type: Recreational Youth Select Youth Adult

Category: Resident Non-Resident Returning New

Sport: Soccer Baseball Softball Football Lacrosse Other: _____

Contact Name: _____ Email: _____ Phone #: _____

Address: _____

Number of participants: _____ Number of teams: _____

Please fill in the table below, remember to include time for warm up before games, we do not schedule on the ¼ hour.

Request Park & Field #	Day(s) of Week	Start Date	End Date	Start Time	End Time	Total Field Hours
Park: Field #	M T W Th F Sa Su					
Park: Field #	M T W Th F Sa Su					
Park: Field #	M T W Th F Sa Su					

YOUTH: Total Field Hours: _____ x \$5/hr = \$_____ attach this this amount to application.

ADULT and NON-RESIDENT:

Total Field Hours: _____ x \$15/hr = \$_____ attach this this amount to application.

If you cannot pay 100% of the fee at the time of submitting the application, please contact the parks department at 360-629-9781 to arrange a payment plan.

Refunds/credits due to field closers or rain outs will be processed at the end of the permit schedule. To be eligible for a refund/credit an Athletic Field Credit Request form must be on file, this form can be found on the city's website at www.ci.stanwood.wa.us .