



ELKHART COUNTY PARKS

211 West Lincoln Avenue Goshen IN 46526
Phone (574) 535-6458 Fax (574)535-6616
www.elkhartcountyparks.org

FIELD USE AND ALLOCATION APPLICATION

Field User Information Sheet

Today's Date: _____

The contact information you provide to Elkhart County Parks on these field request forms could be made public if requested. The information written on these forms should be contact information you would like parks staff to provide prospective players wishing to register for your organization. This information will be considered public.

April 1 ó June 30 OR July 1 ó October 31 (CIRCLE APPROPRIATE TIME PERIOD)

Organization _____

Name of Applicant _____ Title _____

Address _____ City & Zip _____

Contact Phone Number () _____

E-Mail Address _____

Field/Facility Requested _____

Description of Activity _____

Estimated Attendance _____

Day of Week Dates (s)	Set-Up	Start Time	End Time	Clean Up
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Organization President

Name _____

Address _____

City & Zip _____

Contact Phone # () _____

E-Mail Address _____

Signature of Organization/League President

Date _____

Field Representative

Name _____

Address _____

City & Zip _____

Contact Phone # () _____

E-Mail Address _____

Signature of Field Allocation Representative

Date _____

YOUR ORGANIZATION'S IMPORTANT DATES

Practice Begins the Week of _____ Opening Day _____

League Games Begin the Week of _____ and End _____

Playoffs Begin the Week of _____ and End _____

List Any Practice or Game Restrictions _____

List Special Events (picture day, tournaments, trainings, etc.)

Dates & Sites _____

Affidavit of Application

I verify that the information on this form is correct as defined in the Athletic Field Use and Allocation Policy and understand the possible consequences if the information is incorrect or misleading within the acceptable boundaries as described in the allocation policy.

I understand this form is a **request** until it is approved and required fees are paid. Requests must be received _____ months prior to rental date. No deposit or payment is due with this application.

I agree to submit payment by date indicated when notified of approval. Failure to submit payment by date requested will make this request null and void and may result in loss of field use time slot(s).

I understand submitting a request is NOT a guarantee of availability or approval. All rentals are processed as identified in the Usage Procedures and Rules. Requests will be reviewed based upon Elkhart County Parks policy, facility and staff availability. Elkhart County Parks reserves the right to deny any rental which is deemed inappropriate.

I have read the Elkhart County Parks rules and regulations and agree to adhere to them. This acknowledges I have read the Field Usage Procedures, Rules and Rates. As the Responsible Party for the field rental, I will make all users aware of the rules and regulations associated with the use of the facilities and fields.

I can assure that the individual(s) taking responsibility for the Rental Application and Agreement is of 21 years of age. I understand and will ensure an authoritative representative of the organization, over the age of 21, will remain on the premise for the duration of the rental. I understand that the organization is solely responsible for determining whether the site is field and facility is safe and appropriate for use prior to each use and notify Elkhart County Parks of any known safety hazard. Safety includes protection of the resources as well as the participants.

I further certify that I understand that allowing non-permitted or unscheduled activities to occur during my event may result in increased costs to me and/or the Organization/Sponsor due to unanticipated operational expenses.

I further certify that I, on behalf the Organization/Sponsor (for which I have submitted a letter indicating I am authorized to act on his/her/its behalf), agree to be financially responsible for paying any costs and fees to the Elkhart County Parks that are incurred by the County Parks or on behalf of the event.

If I cancel my event, I will notify the County as early as possible so as to cut down on any cost recovery. I understand that I will be charged for County services provided in advance of the event up through the time of notification.

It is fully understood and agreed that the representative and their organization guarantees to defend, indemnify and hold harmless the Elkhart County Parks, its officers, employees, volunteers and agents against all liabilities, claims, damages, losses, costs, expenses (including attorney fees) arising indirectly or directly in connection with or under, as a result of this agreement. It is also understood that the organization will provide and maintain at its own cost insurance coverage as outlined in the Field Usage Procedures, Rules and rates.

Please sign and return this Rental Application and Agreement to:
Elkhart County Parks Department
211 West Lincoln Avenue
Goshen, IN 46526
Phone: 574.535.6458
Fax: 574.535.6616
Email: info@elkhartcounty.com

***** OFFICE USE ONLY *****

The fields listed below are approved for use during the listed times. Signature of this form approves the use by the organization. Permits are valid only in accordance to the Elkhart County Park regulations.

ORGANIZATION PRIORITY 1 2 3 PERMIT NUMBER _____

Approved by _____ Title _____

Disapproved by _____

Printed Name _____ Phone Number () _____

Field(s) _____

Dates _____

Times _____

Payment Owed _____

Date Payment is Due _____ Date Paid _____

Comments _____

***** OFFICE USE ONLY *****

