

**PARKS ACTIVITIES REQUEST FORM**

SPONSOR: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

INDIVIDUAL IN CHARGE: \_\_\_\_\_

Please notify P&R if the individual in charge changes and provide new contact information for billing purposes.

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK / CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_ FOR END OF SEASON MEETING W/ KAMI  
month/date/year

IF NON-COMMERCIAL ACTIVITY OR SPECIAL EVENT, ENTER NUMBER OF  
DISIGNATED REPRESENTATIVES: \_\_\_\_\_

FACILITY REQUESTED: \_\_\_\_\_

AREA REQUESTED: \_\_\_\_\_

DATE (S) REQUESTED: \_\_\_\_\_ TIME (S) REQUESTED: \_\_\_\_\_

NO. OF PERSONS EXPECTED TO ATTRACT: \_\_\_\_\_

CERTIFICATE NAMING CITY ADDITIONAL INSURED: \_\_\_\_\_

GAME SCHEDULE SUBMITTED TO P&R: \_\_\_\_\_

PRACTICE SCHEDULE SUBMITTED TO P&R: \_\_\_\_\_

RECEIVED COPY OF FEES DUE REPORT: \_\_\_\_\_

BRIEF DESCRIPTION OF ACTIVITY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL PREPARATION NECESSARY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION**

\_\_\_\_\_/\_\_\_\_\_  
P&R Director/ Date

\_\_\_\_\_/\_\_\_\_\_  
Administrative Asst./ Date

\_\_\_\_\_/\_\_\_\_\_  
Parks Supervisor/ Date

Note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: \_\_\_\_\_  
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Note: \_\_\_\_\_  
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