

LYMAN PARKS & RECREATION

FIELD USE REQUEST FORM

11 South Waterboro Rd.
Lyman, Me. 04002

NAME OF ORGANIZATION: _____

TEAM NAME: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

ADDRESS: _____

PHONE #:(home)_____ (work)_____ (cell)_____

ALTERNATE CONTACT: _____

EMAIL ADDRESS: _____

PHONE #:(home)_____ (work)_____ (cell)_____

FIELD REQUESTED: _____

PURPOSE: _____ GAMES _____ PRACTICES _____ LEAGUE _____ TOURNAMENT
_____ BASEBALL _____ SOFTBALL _____ SOCCER _____ OTHER

PITCHING DISTANCE: _____ BASE DISTANCE _____

AGE GROUP: _____ #OF PLAYERS: _____

RESIDENCE OF PLAYERS: _____

The application must be accompanied with a **complete listing** of all practices and/or games you are requesting with this application. Include all dates, days of the week and start/end times.

SIGNATURE: _____ DATE: _____

PARKS & REC. SIGNATURE: _____ DATE: _____

APPROVED: _____ DATE: _____

NOTES: _____

MONTH: _____

W/E _____

DAYS: MON. TUES. WED. THUR.. FRI. SAT. SUN. (PLEASE CIRCLE)

TIMES: _____

MONTH: _____

W/E _____

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