

**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 CHECK BOXES)

TIMES: \_\_\_\_\_

\_\_\_\_\_

MONTH: \_\_\_\_\_

W/E \_\_\_\_\_

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

TIMES: \_\_\_\_\_

\_\_\_\_\_

MONTH: \_\_\_\_\_

W/E \_\_\_\_\_

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

TIMES: \_\_\_\_\_

\_\_\_\_\_

MONTH: \_\_\_\_\_

W/E \_\_\_\_\_

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

TIMES: \_\_\_\_\_

\_\_\_\_\_

MONTH: \_\_\_\_\_

W/E \_\_\_\_\_

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

TIMES: \_\_\_\_\_

\_\_\_\_\_