



**BALLFIELD AND FACILITY USE REQUEST FORM**

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY RESIDENT: \_\_\_\_\_ YES \_\_\_\_\_ NO NON PROFIT: \_\_\_\_\_ YES \_\_\_\_\_ NO

COMPANY/ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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DATE(S) OF EVENT (USE): \_\_\_\_\_

TIME(S) OF EVENT (USE): \_\_\_\_\_

DESCRIPTION OF EVENT (USE): \_\_\_\_\_

NO. OF PARTICIPANTS: \_\_\_\_\_ (APPROX.) NO. OF SPECTATORS: \_\_\_\_\_ (APPROX.)

SPECIAL ARRANGEMENTS REQUESTED: \_\_\_\_\_

(MINIMUM OF FIVE WORKING DAYS NOTICE REQUIRED FOR SPECIAL ARRANGEMENTS)

**TYPE OF FIELD/FACILITY REQUESTED** (PLEASE CHECK ALL THAT APPLY):

- FOOTBALL       SOFTBALL       BASEBALL       SOCCER       OPEN GREEN SPACE
- LACROSSE       PICNIC       PLAYGROUND       OUTDOOR BASKETBALL COURT

**SPECIFIC SITE REQUESTED** (PLEASE CHECK ONE):

- BALLFIELDS:**             XCEL                                 HILLCREST                                 FREEWAY  
                                   SUNSET PONDS                                 4<sup>TH</sup> STREET                                 BERTRAM

**PLEASE READ AND SIGN**

I (We) assume full responsibility for any damages to the City of Monticello equipment and/or property that occur as a result of the requested use. Furthermore, I (We) understand that the City of Monticello, its staff, and members of the Parks Department, will not be held liable for any injury or damage which may occur to me, my guests, and/or members of the above-named organization and/or property during our requested use of the facility. Sports groups and organizations not sponsored by the Monticello Parks Department must provide Certificate of Liability Insurance, naming the City of Monticello, its agents, servants and employees as additional insured, evidencing the following:

Certificate of general liability insurance with per occurrence and aggregate limits of not less than \$1,000,000

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

**CITY OF MONTICELLO EVENT COORDINATOR, 505 WALNUT STREET #1, MONTICELLO, MN 55362**

**QUESTIONS, CALL THE EVENT COORDINATOR AT 763-271-7123**

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**FOR CITY OF MONTICELLO OFFICE USE ONLY**

**GROUP TYPE:**             INTERNAL                                 NON-PROFIT                                 FOR PROFIT

SINGLE USE             SEASONAL USE             TOURNAMENT             CAMP/CLINIC             PICNIC/PAVILION

TOTAL FEES \$ \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ CHARGE \_\_\_\_\_  
(VISA/MC/AMEX/DIS)

DATE RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_