



PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT

2700 6th AVENUE SOUTH, LAKE WORTH FL 33461

PHONE: 966.7033 FAX: 966-7040



FACILITY REQUEST FORM

ORGANIZATION INFORMATION (PLEASE PRINT ALL INFORMATION)

NAME OF ORGANIZATION _____

YOUTH ADULT

PRESIDENT _____

HOME PHONE _____

WORK PHONE _____

FAX _____

CELL PHONE _____

EMAIL ADDRESS _____

WEBSITE ADDRESS _____

OF PARTICIPANTS ENROLLED _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

FACILITY REQUEST INFORMATION: ***Please complete one form per sport. Also request a separate form for clinics and tournaments.

PARK: _____ FIELD #: _____

MARK APPROPRIATE DAY(S) IN WHICH FACILITY WILL BE NEEDED:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY / SATURDAY SUNDAY

WEEKDAY DATE(S): _____ TIME(S): _____ TO _____

WEEKEND DATE(S): _____ TIME(S): _____ TO _____

SPORT/ACTIVITY: _____

Describe any field modifications needed: _____

(Modifications may require additional approval and will be discussed with requestor if denied)

REQUIRED INFORMATION TO BE SUBMITTED WITH FACILITY REQUEST FORM:

- 1) Copy of Current Insurance (Palm Beach County Board of County Commissioners listed as additionally insured and certificate holder)
- 2) Copy of By-Laws, Rules of Play, and Code of Conduct
- 3) Copy of Disciplinary Guidelines – Youth Only
- 4) Copy of Written Volunteer Job Duties and Descriptions – Youth Only
- 5) List of Coaches (Names of all coaches with a valid background checks, completed coaches training, and signed code of conduct)
- 6) List of Volunteers – Youth Only (including board members, name of all volunteers with a valid background check and signed code of conduct)
- 7) Copy of Schedule
- 8) Board Meeting Dates – Youth Only
- 9) List of Special Dates (Requested Dates, Try-Outs, Opening Ceremony Dates, Closing Ceremonies Dates, etc.)

SIGNATURE OF REQUESTOR

DATE