

City of

Lexington

Tennessee

“Central City of Southern Industry”

PARKS & RECREATION

Travel Ball/Tournament Request for Field Use

Date of Request: _____

Name of Organization: _____

Event Director: _____ Phone: _____

Alternate Contact Name _____ Phone: _____

Event- Date: _____ Time (From) _____ (To) _____

Date: _____ Time (From) _____ (To) _____

Date: _____ Time (From) _____ (To) _____

Field(s) Requested: _____

Description of Event: _____

FEE CALCULATION

Use Fee _____ # of Fields (x) _____ # of Days (x) \$150= \$ _____

(Use Fee may refunded due to inclement weather)

Administration Fee (\$25 Per Event) \$ _____

Deposit (refunded if lights properly turned off) \$ 30.00

TOTAL COST \$ _____

Organization and / or Director shall be responsible for any / all damages by this event to fields and facilities. To report any facilities problems, call 731-968-6671.

I do hereby agree to the above terms and furthermore acknowledge receipt of the *Lexington City Park Rules & Regulations* by which I agree to abide.

Signature _____

Approved by _____ Date Approved _____

Fee Received By _____ Date Received _____

P.O. Box 1699 – 33 First Street
Lexington, Tennessee 38351
731-968-6657 – FAX 731-968-3238