



GENERAL RESERVATION REQUEST FORM



A. Applicant Information

Organization Name: _____

Applicant Name: _____ Applicant Date of Birth (M/D/Y): _____

Applicant/Organization Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

B. Event Information

Event Name: _____ Sport: _____

Estimated Number of Attendees: _____ Age Group: _____ Purpose: _____

C. Reservation Specifics

If you have weekday and weekend request with different start / finish times, use separate lines below.

Field Type	Dimensions Needed	# of Fields	Day(s) of Week	Start Date	End Date	Start Time	End Time	Lights	Field Prep
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

Comments:

I have read and understand the Policies and Procedures governing the use of the Mecklenburg County Sportsplex and agree on behalf of my above-listed organization to indemnify and hold the County, its agents, and employees harmless from and against any and all costs, expenses, liabilities, losses, damages, or injunctions. I also understand the submission of this application is NOT a guarantee of event approval.

Sign Name: _____

Date: _____

Credit Card Authorization Statement

I understand that Mecklenburg County Park and Recreation Department has the ability to retain my credit card(s) information on file and charge payments to my card(s) for athletic facility reservations.

I hereby authorize Mecklenburg County to charge my credit card(s) for an athletic facility rental payment(s) when due and provide me a receipt for all charges.

Print Name: _____

Sign Name: _____

Date: _____

Please send this completed reservation form to Amelia Cooper at Amelia.Cooper@mecklenburgcountync.gov or fax to 980-314-1218. If you have any additional questions, please call 980-314-7539.