



TOURNAMENT REQUEST FORM



A. Applicant Information

Applicant/Organization Name: _____

Applicant/Organization Address: _____ Applicant Date of Birth (MM/DD/YY): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

B. Event Information

Date(s) of Event: _____ Number of Teams: _____

Event Name: _____ Sport: _____

Estimated Number of Attendees: _____ Age Group(s): _____ Field Dimensions: _____

Number of fields required (Please select one): **4** **5** **9** **11**

C. Event Details

Please indicate which of the following items you will be providing:

Booths/Vendors/Merchandise
 Canopies/Tents

Additional Fencing
 Scaffolding

PA System
 Videographer

The Sportsplex will coordinate all food vendors – Do you want to request a food vendor for your event?
YES NO

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: _____

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 of you have any additional questions, please call 980-314-7539.