



Town of Abingdon Recreation Department Field Rental Application

Contact Person: _____ Date: _____
 Name of Organization: _____
 Name of Event: _____
 Description of Event: _____
 Contact Number: _____ Contact Email: _____
 Address of Contact Person: _____
 Cost to Participate: _____ Estimated Attendance: _____

Please select the field(s) and amenities

Field	Reserve	Lights
Ray Petty	<input type="checkbox"/>	<input type="checkbox"/>
Foster-Debose	<input type="checkbox"/>	<input type="checkbox"/>
Latture	<input type="checkbox"/>	<input type="checkbox"/>

Dates: _____ From: _____ a.m./p.m. Until: _____ a.m./p.m.

Practice Time Slots:

Monday	<input type="checkbox"/> 5:00pm - 7:30pm	<input type="checkbox"/> 7:30pm - 9:00pm
Tuesday	<input type="checkbox"/> 5:00pm - 7:30pm	<input type="checkbox"/> 7:30pm - 9:00pm
Wednesday	<input type="checkbox"/> 5:00pm - 7:30pm	<input type="checkbox"/> 7:30pm - 9:00pm
Thursday	<input type="checkbox"/> 5:00pm - 7:30pm	<input type="checkbox"/> 7:30pm - 9:00pm
Friday	<input type="checkbox"/> 5:00pm - 7:30pm	<input type="checkbox"/> 7:30pm - 9:00pm

Saturday and Sunday practice requests: _____

If your request is accepted, it is with the understanding that field availability may be affected by scheduled tournaments. You will be notified well in advance. Hour and half time slots only.

Pricing Breakdown		
	Per field	Lights
Practices	\$10	\$5
Tournament (Without prep)	\$50	\$15
Tournament (With prep)	\$70	\$15

* All checks written for field usage must be made out to Town of Abingdon - Recreation Department.

Estimated Amount Due: _____

I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, and if applicable on behalf of a minor or person under disability of whom I am parent or guardian, hereby release, indemnify, covenant not to sue and agree to hold harmless release and forever discharge the Town and all other persons, council members, officers, officials, agents, employees, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the activities of and from any and all claims, demands, damages, actions, causes of action, or suits at law or in equity, of whatsoever kind or nature, for all injuries both to person or property resulting or to result from activities.

Signature of Applicant: _____ Date: _____

By signing this you also acknowledge that you have received and read through the Town of Abingdon-Recreation Department Field Usage Policy and are willing to follow all associated rules and regulations.

Please return complete application to:
 Town of Abingdon - Recreation Department
 P.O. Box 2495
 Abingdon, VA 24212

Or email them to kpollard@abingdon-va.gov

*Please attach insurance policy with Town of Abingdon-Recreation Department listed as additionally insured.

Office Use Only

Date Received: _____ Date Approved: _____

Staff Signature: _____