

Price City Department of Public Works <u>baseball@priceutah.net</u>

(435) 637-5010 **CALENDAR:** 

www.pricecityutah.com/baseball

## **Athletic Field/Batting Cage Request Form**

**To be accepted** your application must be completed, legible and signed. Submission of request does not constitute approval.

Reservations can be made from January 1 through December 31 of the current year.

Fields are open for play between the hours of 8am and 10pm.

Requested Athletic Fields (Complete a separate form for each team)

1. APPLICANT INFORMATION				
Organization/Team Name:				
Mailing Address,	Mailing Address:			
City, State, Zip	City, State, Zip:			
Applicant Contact	Name:			
	Title:			
Phone:	Cell:			
Email:				

2. FIELD USE	DETAILS A	ND INFORM	ATION	14.	
Athletic Usage	7 South Parl		tuth <b>4</b> Atwood East <b>6a</b> Community Base mplex (South)		
Athletic Sport	□ Baseball	□ Softba	ll □ T-Ball		
			2) days per team/per w d all-day events are an		
Is this request for a practice or game:		☐ Practice ☐ Game			
Day 1 (first choice)	Field #	Week Day:	Date:	Start Time:	End Time:
Day 2 (first choice)	Field #	Week Day:	Date:	Start Time:	End Time:
Fields may not be available for your first choice, a second choice is optional.					
Day 1 (second choice)	Field #	Week Day:	Date:	Start Time:	End Time:
Day 2 (second choice)	Field #	Week Day:	Date:	Start Time:	End Time:

3. FIELD USE DETAILS AND INFORMATION (TOURNAMENT ONLY)					
Athletic Usage  Please check the field(s)  you wish to use:	☐ 1 Major League ☐ 2 Babe Ruth ☐ 4 Atwood East ☐ 5 Atwood West ☐ 7 South Park Softball Field ☐ 6a Community Baseball Complex (North) ☐ 6b Community Baseball Complex (South)				
Athletic Sport	□ Baseball □ Softball □ T-Ball				
Tournament Information	Tournament Date(s):				
	Daily Game Start Times:				
	Number of Teams:				

					<u></u>
4. BATTING	CAGE DETA	ILS AND IN	ORMATION	out of the Park	
			ice two (2) days per t nents and all-day ev		
Athletic Usage	8 Major Lea	gue <b>9</b> Atwoo	d East <b>10</b> Atwood	West 11 Sout	h Park
Day 1 (first choice)	Cage #	Week Day:	Date:	Start Time:	End Time:
Day 2 (first choice)	Cage #	Week Day:	Date:	Start Time:	End Time:
Batting Cages m	ay not be avai	lable for your fi	rst choice, a second o	hoice is optional	
Day 1 (second choice)	Cage #	Week Day:	Date:	Start Time:	End Time
Day 2	Cage #	Week Day:	Date:	Start Time:	End Time:

## PERTINENT INFORMATION Request forms for games and tournaments must be submitted one (1) week prior to game day. Failure to comply with this rule is subject to a fee.

(second choice)

- Fields may not be scheduled for use the day prior to a game or tournament to allow time for necessary field preparations.
- The Applicant is responsible to make sure the field is properly measured and bases are the right size for their practice, game or tournament. It is also the Applicant's responsibility to return the field back to its original state of play. Failure to comply with this rule is subject to a fee.
- The Applicant is responsible to ensure that the facility is cleaned up after each use, including dugouts, scorer's booths and athletic fields.
- The Applicant is responsible to view the City's Calendar <a href="www.pricecityutah.com/baseball">www.pricecityutah.com/baseball</a> to ensure the field or batting cage requested is available.
- A separate reservation is required through the Price City Parks Department (435) 636-3180 reservations@priceutah.net to use specific park areas, pavilions and kitchens.
- The City reserves the right to approve or reject any application or to modify the application request for dates of use, amenities and facilities etc., in the interest of the City.
- Upon approval the Applicant agrees to adhere to the City's policies for the use of the City's property, ballfields, batting cages, amenities and facilities.

 By signing this form, I understand that failure to abide by the City's policy, procedures and guidelines may result in revocation of the application approval, prohibiting further use and privileges.

6 . SIGNATURE	I certify that the information that I have provided on this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly.		
Applicant Signature	Date	Applicant Printed Name	

Applicant hereby represents that he/she has full authorization to sign this document on behalf of the organization/entity named above.

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