

City of Baltimore
DEPARTMENT OF RECREATION AND PARKS

Permits Office – 3001 East Drive
Baltimore, MD 21217
Permits Office Phone: 410-396-7070

ATHLETIC FIELD USE APPLICATION & AGREEMENT

(Please be sure to read the Field Use Policy attached before completing this application)
Only one park location per application – Game & Practice Schedule is required.

League Play Field Requests Must Be Received Within The Timeline For Seasonal Sports.

Spring Sports (March 1 through May 31): Applications Accepted December 15 through February 12
Summer Sports (June 1 through August 31): Applications Accepted March 15 – May 12
Fall Sports (Sept. 1 through November 30): Applications Accepted June 15 – August 12
Winter Sports (December 1 through February 28): Applications will be accepted Sept. 15 – Nov. 12

*****Individual or Single Use Field Requests Must Be Received
At Least Two (2) Weeks Prior to Date(s) Requested*****

*****Field Use Fees Must Be Paid In Full To Receive Permit*****

***** Money Order, Cashier's Check or Credit Card Payments Only *****

Certificate of Liability Insurance in the amount of \$1,000,000 Naming the City of Baltimore, Department of Recreation & Parks as additional insured is required for league or tournament play

Organization: _____ Web Site Address: _____

Athletic Activity: (circle one) Baseball (60') Baseball (90') Basketball Football Kickball Lacrosse
Softball Soccer Tennis Other _____

Type of League: Adult _____ Youth _____

Permit Type: League Permit _____ Single Game Permit _____
Practice Permit _____ Tournament _____

***Additional information may be required.**

Contact Person Name: _____ E-mail Address: _____

Address: _____

Phones: Home: _____ Cell: _____ Work: _____

Best Way to contact: (circle one) e-mail home phone cell phone work phone

Park Location Requested: (include Field name/number) _____

2nd Choice Park Location Requested: (include Field name/number) _____

Scheduling Request:

| DATES | | DAY(S) OF THE WEEK: check all that apply | | | | | | | HOURS AM/PM | |
|-------|----|--|------|-----|-------|-----|-----|-----|-------------|--|
| FROM | TO | MON | TUES | WED | THURS | FRI | SAT | SUN | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

- Are you a non-profit organization? Yes ____ No ____
If yes, please provide your Federal I.D. # _____
- Returning Team/League ____yes ____no. If yes, has League/Team name changed from previous year? ____yes ____no. If yes, what was previous name _____
_____.
- Will admission be charged? Yes ____ No ____
***Hourly field rates may vary**

By signing and submitting this application, you and/or the sponsoring organization(s) agree to abide by the rules and regulations of the Department of Recreation and Parks, especially those rules and regulations pertaining to permits. Also, your signature confirms that you have received and read the Athletic Field Use Policy.

Permits will only be issued to persons 21 years of age or older with a photo ID, and permits are non-transferable. **Please sign and date below before returning this application.**

The permit applicant hereby agrees to indemnify and hold harmless the Mayor and City Council of Baltimore ("City") and the Department of Recreation and Parks ("Department") from any or all claims or judgments for damages and from all costs and expenses to which the City and the Department may be subjected or which they may suffer or incur by reason of any action by permit applicant or its guests, agents, servants or employees during its use of the park areas reserved as part of this permit application.

Signature

date

PRINT NAME

No Refunds Are Given For Inclement Weather. We will reschedule games cancelled due to inclement weather, based upon field availability.

(FOR OFFICE USE ONLY)

Field Use Fee Amount: _____ Other Fees Amount: _____ Total Due: _____

EXPLANATION OF OTHER FEES: _____

Amount Paid: _____ Date Pd: ____ ____ Check # _____ MO# _____ Receipt # _____

Amount Paid: _____ Date Pd: ____ ____ Check # _____ MO# _____ Receipt # _____

NOTIFICATION AND/OR CONTACT WITH APPLICANT

List dates/time, reason, how contacted (phone/mail), and name of person initiating contact. If the contact was made by telephone and a message was left for the applicant, list the name of the person the message was left with. If notification was sent by mail, attach a copy of the correspondence
