



CITY OF ALEXANDRIA
RECREATION, PARKS AND CULTURAL ACTIVITIES – SPORTS SECTION
 Lee Center, 1108 Jefferson Street, Alexandria, Virginia 22314
 Phone: 703.746.5402 Fax: 703.746.5585
 Web Site: www.alexandriava.gov/recreation

ATHLETIC FIELD AND OUTDOOR COURT REQUEST FORM

This Athletic Field and Outdoor Court application must be submitted to the Department of Recreation, Parks and Cultural Activities – Sports Office *no less than fifteen (15) calendar days before the date of request use*. Completed applications should be sent to tamika.coleman@alexandriava.gov or marvin.elliott@alexandriava.gov by e-mail, fax or mail to the **Sports Office – c/o Athletic Field/Court Permit Request** at the above address. Alexandria City sponsored programs/activities will receive priority over non-City program/activities.

Teams/leagues requesting the use of facilities must submit rosters, proof of liability insurance and practice/game schedules. Failure to provide these will cause the request to be disapproved. Facility rentals will not be guaranteed until all rental fees are paid in full, proof of insurance and schedules received and facility permit issued.

- Fees will be assessed based upon request. * Fees may include - *field rental fee, Youth Sports user fee, non-residents fee, staffing cost and field lights cost.*
- If damage that occurs to field or court during the rental period, the Organization/League/Team will be assessed further fees to cover the cost of repair.
- If the premittee cancels permit up to 30 days prior to the rental, 25 percent of the facility reservation cost will be refunded. Otherwise, there will be no refunds.

Applicant Name: _____ **Email:** _____

League/Organization Name: _____ **Team Name:** _____

Type of Activity: Sport: _____ **Practices** _____ **Games** _____ **Tournament** _____ **Other(Specify)** _____

Address of Applicant: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Organization/League/ Team’s Business Address: _____
 (Must Include City, State and Zip Code)

Liability Insurance: ___ Yes ___ No **If yes, Give Name of Carrier:** _____ **Amount:** \$ _____
 (Policy must include the City of Alexandria as second insured and certificate holder with address of City of Alexandria above)

Organization/League/ Team Web Site: _____

Organization/League/Team Phone: _____ **Fax:** _____

Number of teams in League/Request: _____ **Number of Participants on Field/Court Request:** _____ **Number of Spectators** _____
 _____ **#City of Alexandria Residents** _____ **# of Non-Alexandria Residents**

Age Groups: _____ **5 & under** _____ **6 -12 Years** _____ **Teens (13 – 17)** _____ **Adults (18 – 55)** _____ **Seniors (55 & over)**
 (Check Appropriate Age Groups)

Facility Requested: (1st Choice) _____ **(2nd Choice)** _____

Date(s) Requested: Start _____ **End:** _____ **Day(s):** MON TUE WED TH FRI SAT SUN
 (Circle Days That Apply)

Program Time(s): _____ **am/pm to** _____ **am/pm**

 Applicant’s Signature

 Date

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 ___ Approved ___ Disapproved **Total Fee Charged:** \$ _____

Facility(s) Used: _____ **Date(s):** _____ **Time(s):** _____
Proof of Liability Insurance: ___ Yes ___ No **Practice/Game Schedules:** ___ Yes ___ No

 Field Coordinator’s Signature

 Date