



**PARK AND RECREATION DEPARTMENT
APPLICATION FOR ATHLETIC FIELD RESERVATIONS
League Accounts**

Organization: _____ Team Name: _____

Applicant: _____

Address: _____

City, State, Zip: _____

Email Address: _____ DOB: _____ DL.# _____

Work Phone: _____ Home Phone/Cell: _____

Number of Participants: _____ Number of Spectators: _____

Sport: _____ Adult _____ Youth _____

List the approximate number of teams per division: Begin date: _____ End date: _____

MEN _____ WOMEN _____ COED _____ BOYS _____ GIRLS _____

Please return via email to darius.vann@dallascityhall.com or call at (214)670-8242

FACILITY	START TIME	END TIME	DAY OF WEEK	EXCLUSION DATES

By signing this application, I am agreeing to abide by the attached Policies. I agree to be responsible for any and all reservations made with my account number, as well as the activity of my participants and spectators. I will notify the Reservations Office of any change in my address or phone number.

Name of Applicant – Please print

Signature

Date