City and Borough of Sitka



ATHLETIC FIELD USE PERMIT APPLICATION

APPLICANT INFORMATION:	Today's Date:
Геат of Group Name:	
Contact 1:	Contact 2:
Phone: Email: Address:	Phone:
	Email:
	Address:
Requested Day(s) of the Week	c:
Requested Times(s):	<u>-</u>
	ding end date):
IELD LOCATION REQUEST:	
☐ MOLLER COMPLEX☐ Upper Field	□ KIMSHAM COMPLEX
☐ Lights	
☐ Lower Field	☐ Field B
	☐ Field C
☐ KEET GOOSHI HEEN	☐ Field D - Krueger
□ Field A □ Field B	□ BLATCHLEY - Vilandre
□ Field B	□ BLAICHLET - VIIANGIE
\$\$ FEES per season:	
X \$250	= TOTAL PLAYER FEE
Number of Adult Softball Teams	
OR	
· · · ·	TOTAL PLAYER FEE
Number of Players	
·	TAX (5% Oct-March or 6% April-September)
	TOTAL FEE with TAX
ignature:	Date:

WAIVER AND RELEASE: I, duly authorized on behalf of the applying organization, hereby certifies that said organization/team/group will agree to hold the City and Borough of Sitka harmless from any and all claims for injury or damage to persons or property suffered in connection with the permittee's activities unless such injury or damage is caused by the gross negligence of the City and Borough of Sitka. I certify the information contained in this application is true to the best of my knowledge. As group representative, I hereby agree to take responsibility to inform and assure that all group members follow the rules and the Public Use of Parks and Recreation Facilities Ordinance of the City and Borough of Sitka. (Chapter 23.30, available upon request.)