



City of Southfield Parks & Recreation
Soccer Field Permit Request Form



Fax completed form to Chris Riley @ (248) 796-4675

NAME OF APPLICANT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

DAY PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

ORGANIZATION: _____

APPROXIMATE PERCENTAGE OF SOUTHFIELD RESIDENTS: _____

REQUESTED FIELD: _____

DATE(s) REQUESTED: _____ TIME(s): _____

Field Times and Fees: Fields are available for use between the hours of 8:00 am-dusk. The cost to rent each field/court is \$45.00 per game (2 hour block).

Total # blocks requested: _____ x \$45.00/game = \$ _____ (Total Due)

The signed applicant below hereby expressly agrees to save harmless, defend and indemnify the City of Southfield, its agents and employees, from and against any and all claims, costs, losses, suits, demands, actions, liabilities, damages, causes of actions or judgments which may in manner be imposed on or incurred by the City, its agents, employees and property, resulting from, arising out of, or in any way connected with the lessee's or his or her employees', guests' or patrons' of the use of the City of Southfield facilities.

Applicant Signature Date

- Office Use Only - Must be filled out completely to be valid

Field Assigned: _____

Permit Date: _____ Permit Start & End Time: _____

Total # of games: _____ x \$45.00 = \$ _____ (Total Paid)

Administrative Signature: _____