City of Southfield Parks & Recreation Soccer Field Permit Request

NAME OF APPLICANT:		
ADDRESS:	CITY:	ZIP:
DAY PHONE:	HOME PHONE:	
EMAIL ADDRESS:		
ORGANIZATION:		
APPROXIMATE PERCE	NTAGE OF SOUTHFIELD RE	ESIDENTS:
REQUESTED FIELD:		
DATE(s) REQUESTED: _	TIME(s):
	elds are available for use between field/court is \$60.00 per game	
Total # games requested: _	x \$60.00/game = \$	(Total Due)
\$1,000,000.00/occurrence nam	nat users have liability insurance covering The City of Southfield, Parks and be provided before a field permit wil	d Recreation Department as
City of Southfield, its agents ar suits, demands, actions, liabilit manner be imposed on or incur	reby expressly agrees to save harmle and employees, from and against any sites, damages, causes of actions or justified by the City, its agents, employees way connected with the lessee's or his ty of Southfield facilities.	and all claims, costs, losses, dgments which may in es and property, resulting
Applicant Signature		Date
- Office Use Or	nly - Must be filled out complet	tely to be valid
Field Assigned:		
Permit Date:	t Date: Permit Start & End Time:	
Total # of games:	x \$60.00 = \$	(Total Paid)