City of Southfield Parks & Recreation Volleyball Court Permit Request Form

NAME OF APPLICANT:		
ADDRESS:	CITY:	ZIP:
DAY PHONE:	HOME PHONE: _	
EMAIL ADDRESS:		
ORGANIZATION:		
APPROXIMATE PERCENTAG	E OF SOUTHFIELD RES	SIDENTS:
REQUESTED COURTS:		
DATE(s) REQUESTED:	TIME(s)	:
Court Times and Fees: Courts ard dusk. The cost to rent each field/		
Total # blocks requested:	x \$20.00/2 hour block =	\$ (Total Due)
The signed applicant below hereby exp City of Southfield, its agents and empl suits, demands, actions, liabilities, dan manner be imposed on or incurred by from, arising out of, or in any way con or patrons' of the use of the City of So	loyees, from and against any an nages, causes of actions or judg the City, its agents, employees nected with the lessee's or his	ad all claims, costs, losses, gements which may in and property, resulting
Applicant Signature		late
Office Use Only - M	Iust be filled out completel	y to be valid
Courts Assigned:		
Permit Date:		
Total # of 2 hour blocks:	x \$20.00 = \$	(Total Paid)
Administrative Signature:		