

City of Southfield Parks & Recreation Volleyball Court 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 PERCENTA	GE OF SOUTHFIELD RESIDE	ENTS:
REQUESTED COURTS:		
DATE(s) REQUESTED:	TIME(s):	
	are available for use between the d/court is \$15.00 per two hour bl	
Total # blocks requested:	_ x \$15.00/2 hour block =	(Total Due)
City of Southfield, its agents and em suits, demands, actions, liabilities, d manner be imposed on or incurred b	expressly agrees to save harmless, def- ployees, from and against any and all amages, causes of actions or judgeme y the City, its agents, employees and p onnected with the lessee's or his or he Southfield facilities.	claims, costs, losses, nts which may in property, resulting
Applicant Signature	Date	
Office Use Only -	Must be filled out completely to	be valid
Courts Assigned:		
Permit Date:	Permit Start & End Time:	
Total # of 2 hour blocks:	x \$15.00 = \$	(Total Paid)
Administrative Signature:		