



TOWN OF BENNINGTON

FIELD REQUEST FORM

Team/Organization: _____
Sport: _____ Date of Request: _____
Contact Person: _____ Title: _____
Address: _____
Day Phone: _____ Cell: _____
Email: _____

Field Requesting: _____
(One field per form)

Months(s): _____ Day(s): _____

Time(s): _____ Date(s): _____

*I have read the requirements outlined in the Athletic Field Use Policies and Procedures and agree to terms and conditions. By signing the application, I authorize being the representative of this organization and will be responsible for all terms and conditions. *

Signature: _____ Date: _____
Please enclose Liability Certificate with this request

- OFFICE USE ONLY -

Fee Paid: Yes ___ No ___

Amount Paid: \$ _____ Cash/Check #: _____ Date: _____

Certificate of Liability received: Yes ___ No ___ Date: _____

Approved: ___ Denied: ___

Town of Bennington Authorized Signature

Date