



Union Vale Parks & Recreation Field Use Application



Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Name of Contact Person (for scheduling and cancellations) _____

Phone: _____ Email: _____

Age/Skill of participants: _____

Base Dimensions (Baseball/Softball): _____

Field Request (ONE FORM PER FIELD):

Tymor Park	
<input type="checkbox"/>	Little League Baseball Diamond
<input type="checkbox"/>	Adult baseball/Softball Diamond
<input type="checkbox"/>	Upper baseball Diamond
<input type="checkbox"/>	Soccer Field
<input type="checkbox"/>	Track Trails

Godfrey Park	
<input type="checkbox"/>	Little League Baseball Diamond
<input type="checkbox"/>	Adult baseball/Softball Diamond

Dates and Times requested (circle practice or game):

Full Season - Exclusive use of **ONE FIELD** (April - October) # of fields _____ x \$4,000 = \$ _____

Individual Days (Use next page for additional dates)

Date _____	Time: _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	- _____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____

Total from **back page** = \$ _____

Total Due at time of Registration \$ _____

Note: Scheduled dates and times are final. No refund or rescheduling will be made after initial registration unless the activity is cancelled by the Parks and Recreation Department. Additional reservations may be added if available.

The applicant assumes all liability for his/her use of the premises without limitation, the applicant shall defend indemnify and hold harmless the Town of Union Vale from any action, cause of action, judgment of claims of any nature whatsoever arising out of or relating to the applicants use of the facility. It is the understanding of the Town of Union Vale Town Board that the Park facilities will be left in good order and participants will comply with the rules and regulations established for Park facility conduct. Applicant shall be responsible for any damage to the environs of the Park facility including but not limited to pollution of the stream and tree cutting. The applicant does not have exclusive use of the entire Park.

Applicant's Signature: _____ Date: _____

Union Vale Parks & Recreation Field Use Application (Continued)

Rules governing the use of Union Vale sports fields:

1. Reservations must be made at least 1 (one) week in advance.
2. **NO** motorized vehicles allowed beyond the parking facilities.
3. Umpire/referee in charge determines cancellations due to rain, electrical storms, and darkness (unless cancelled by Park Management or league).
4. **NO** alcoholic beverages to be consumed at ball fields.
5. Area is to be left clean of debris.
6. Requesting group is to be responsible for safety of its members and must be equipped to handle emergencies.
7. Insurance certificates are required for all organized sport teams. Certificate must name "Town of Union Vale" as additionally insured.

Fee Discounts as follows:

Youth Sport team with at least 35% Union Vale resident participation. (Proof of residency required by providing team roster with addresses) may receive field use at \$15 per hour.

Note: Fields will not be lined for practices or in the event of inclement weather. Please check field availability before scheduling any games.

When traffic control and parking supervision is required, arrangements **must** be made with the Parks & Recreation Director. If staff are required (and available) applicant will be charged \$30 per hour, per staff member unless applicant provides his/her own staff (Must be approved by Park Director).

Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
Date _____	Time: _____	-	_____	(Practice or Game) # of hours (2 hr min) _____	x \$30 = \$ _____
					Total Due = \$ _____

OFFICE USE ONLY

Date Paid: _____ Cash/Check #: _____

Amount: _____

Please mail **signed application, check, and insurance coverage** (where applicable) to:

Union Vale Parks & Recreation
249 Duncan Road
LaGrangeville, NY 12540