

**Nottingham Township
909 Sugar Run Road
Eighty Four, PA 15330**

BALLFIELD USAGE REQUEST APPLICATION

Name of Organization
(Team/League)* _____

Name of Contact Person: _____

Address: _____

Phone: _____ **Work:** _____ **Cell:** _____

PREFERENCE:

Regular Season Dates

Weekday (5:00 pm – dark)	Saturday	Sunday
Monday ()	() - 10:30 am	
Tuesday ()	() 10:30 am – 1:30 pm	() - 1:30 pm
Wednesday ()	() 1:30 pm – 4:30 p.m.	() - 1:30 pm – 4:30 pm
Thursday ()	() 4:30 pm – dark	() - 4:30 pm – dark
Friday ()		

BEGINNING _____ **ENDING** _____
(Month/Day) (Month/Day)

SPECIAL EVENTS

Tournament Date(s): _____ Time: _____

Alternate Date(s): _____ Time: _____

Other Date(s): _____ Time: _____

Approved by: _____ Date: _____

Fees Paid: Y / N

*Insurance certificates and team rosters must be submitted to Township Office prior to start of League play.
Special Events at ballfield defined as ball playing only.