

LAKESHORE ATHLETICS RESERVATION REQUEST & USE AGREEMENT

Name of Organization/Group: _____

Is your group a non-profit ___ Yes ___ No If yes, what is your Federal ID Number? _____

Name of Contact/Responsible Person: _____

Best Contact Phone: _____ Email: _____

Description of Event: _____

Date(s) of Event: _____ Time set-up begins: _____ Time Event Begins: _____

End time (including clean-up): _____ If recurring, list all dates requested & any exempt days:

Athletic Facility Requested: ___ Basketball Court ___ Volleyball Court

___ U-14 Soccer Field (whole field) ___ U-10 Soccer Field (1/2 field)

Ages of Individuals using fields/courts: ___ Under 6 ___ 6-12 yrs ___ 12-14 ___ HS ___ Adult

Please check all that you are providing for your event:

___ Lights ___ Security ___ First Aid Station ___ Food Service

Please give company name(s) and contact information of each specified above: (may use back of page)

Does your group have plans to provide additional Portable Toilet(s) for this event: ___ Yes ___ No

Company and contact information: _____ Contact Number: _____

Name of individual(s) (from your group) that will be on-site to receive deliver and pick-up of portable facilities: _____ Contact Number: _____

Other terms: _____

Please initial each paragraph to indicate your agreement.

1. ___ I understand an inspection will be made of the facilities immediately prior to my event.
2. ___ I agree to report any damage that occurs at Lakeshore Athletic events to Lakeshore Church, and agree to timely repair/replacement of said damage.
3. ___ I understand and agree to remove all personal items including trash to dumpster during event if needed and at the conclusion of each day and understand that any trash/debris left on

the premises after this event will be removed at the expense of this group through forfeiture of the prepaid deposit.

4. ___ I have received and read Lakeshore's Athletics Use Guidelines and agree to abide by all the conditions therein.
5. ___ I will be responsible for the conduct of those coming to, or participating in, the activity for which this application is being made, and for any damage beyond normal wear and tear that may occur as a result of this activity.
6. ___ I and my group indemnify and hold Lakeshore Church and its administrators, agents, officers, members, volunteers or employees harmless from and against any damages, claim, or demand arising out of the use of Lakeshore's facilities and equipment by any person participating in, or present because of, the scheduled activity.
7. ___ I will reimburse Lakeshore Church for any expenses incurred defending such claim or demand.

By my initials above and signature below I acknowledge that I understand and agree to all conditions.

Signed: _____

Printed Name: _____

Date Signed: _____

To submit your request:

1. Return this completed form to the church office, or
2. Email it to amoney@lakeshorechurch.net, or
3. FAX it to 972-771-1686
4. With any questions contact: Aaron Money at 972-771-1942

For office use only	
Date application received: _____	Security Deposit amount:* _____
Date request approved: _____	Date deposit received: _____
Approved by: _____	Total cost of event: _____
Date event begins: _____	Payable: _____
Date event ends: _____	_____
Other conditions: _____	

By signature below Event Representative acknowledges receipt of approved request.

Name

Date

*Security deposit normally will be returned within 14 days after event if there is no damage to the field other than normal wear and tear.