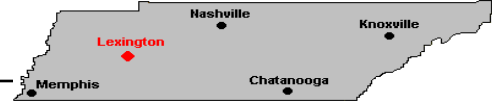


CITY of LEXINGTON

P.O. Box 1699 • 33 First Street
Lexington, Tennessee 38351
731-968-6657 • Fax 731-968-3238

"Central City of Southern Industry"



PARKS & RECREATION

Travel Ball/Tournament Request for Field Use

Date of Request: _____

Name of Organization: _____

Event Director: _____ Phone: _____

Alternate Contact Name: _____ Phone: _____

Event - Date: _____ Time (From) _____ (To) _____

Date: _____ Time (From) _____ (To) _____

Date: _____ Time (From) _____ (To) _____

Field(s) Requested: _____

Description of Event: _____

FEE CALCULATION

Use Fee _____ # of Fields (x) _____ # of Days (x) \$75 = \$ _____
(Use Fee may be refunded due to inclement weather)

Administration Fee (\$25 Per Event) \$ _____
(Nonrefundable)

TOTAL COST \$ _____

Organization and/or Director shall be responsible for any/all damages by this event to fields and facilities. To report any facilities problems call 731-968-6671.

I do hereby agree to the above terms and furthermore acknowledge receipt of the *Lexington City Park Rules & Regulations* by which I agree to abide.

Signature: _____

Approved By: _____ Date Approved: _____

Fee Received By: _____ Date Received: _____