



Detroit Recreation Department  
Athletic Field Application

Please Check The Type of League					
Youth	<input type="checkbox"/>	Adult		Co-ed	<input type="checkbox"/>
		Men	<input type="checkbox"/>	Women	<input type="checkbox"/>
		<input type="checkbox"/>	Charter/Private School	<input type="checkbox"/>	Other
				Detroit Public School	<input type="checkbox"/>

**LEAGUE PROCESS**

A SEASON PERMIT may be issued to leagues with a minimum of FOUR (4) TEAMS playing regularly scheduled games.

A PRACTICE PERMIT may be issued to teams practicing within a given season.

Leagues must submit a copy of their playing schedule to the **Detroit Recreation Department, 18100 Meyers Rd. – Upper Level, Detroit, MI 48235** before permits can be granted.

**Organizations/Leagues are not authorized for use of field until the Detroit Recreation Department has received full payment and permit is issued.**

Practice sessions CANNOT be incorporated into the regular season schedule. ALL PRACTICE SESSIONS MUST BE ARRANGED SEPARATELY. FEES VARY ACCORDING TO USE.

Allowances for your league play-offs and/or rainouts must be satisfied within your league schedule. Leagues extending beyond 16 weeks for Softball and 14 weeks for Baseball will be billed accordingly.

Applications received after the deadline will be processed in the order received and according to availability of fields. Please allow up to 14 days upon receipt of your playing schedule for processing your request.

Please fill out the FIELD REQUEST SECTION completely (see back). FORM MUST SHOW: Field Name(s), Diamond Number(s), Day(s), Date(s) and Time(s) of Use.

League, Team or Organization Name \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone (9 a.m. – 5 p.m.) \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cellular/Other \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FIELD REQUEST

**Please complete**

1. Field Name: \_\_\_\_\_
2. Diamond Number: \_\_\_\_\_
3. Day(s) of Week: \_\_\_\_\_
4. Date (One Time Use Only) \_\_\_\_\_

League will start	League will end	Number of Teams	Lights (Fee applicable) Yes <input type="checkbox"/> No <input type="checkbox"/> Apr – Aug 8pm   Sep – Nov 4pm
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**Check Appropriate Sport**

Fast Pitch Softball	Football	Hardball	Soccer	Softball	Rugby	T-Ball
<input type="checkbox"/>						

Other \_\_\_\_\_

Baseball Field Times		Fee (Office Use Only)	Softball Field Times		Fee (Office Use Only)	Football, Rugby, Soccer		Fee (Office Use Only)
10:00 am – 12:30 pm	<input type="checkbox"/>		10:00 am – 11:30 pm	<input type="checkbox"/>		10:00 am – 12:30 pm	<input type="checkbox"/>	
12:30 pm – 3:00 pm	<input type="checkbox"/>		11:30 pm – 1:00 pm	<input type="checkbox"/>		12:30 pm – 3:00 pm	<input type="checkbox"/>	
3:00 pm – 5:30 pm	<input type="checkbox"/>		1:00 pm – 2:30 pm	<input type="checkbox"/>		3:00 pm – 5:30 pm	<input type="checkbox"/>	
5:30 pm – 8:15 pm	<input type="checkbox"/>		2:30 pm – 4:00 pm	<input type="checkbox"/>		5:30 pm – 8:15 pm	<input type="checkbox"/>	
8:15 pm – 11 pm	<input type="checkbox"/>		4:00 pm – 5:30 pm	<input type="checkbox"/>		8:15 pm – 11 pm	<input type="checkbox"/>	
			5:30 pm – 7:20 pm	<input type="checkbox"/>				
			8:30 pm – 9:40 pm	<input type="checkbox"/>				
			9:40 pm – 11:00 pm	<input type="checkbox"/>				

**By submitting this request I/We/Our Organization hereby agree(s) to abide by all rules and policies of the City of Detroit and the Detroit Recreation Department. I/We also agree that all information submitted in this Athletic Field Application is true and accurate to the best of my/our knowledge and I/We hereby request that the Detroit Recreation Department consider my/our permit for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us by reason of or resulting from my/our use of Recreation Property as described herein.**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

On behalf of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date Received: _____	Date Completed/Approved: _____
Total Fee(s): \$ _____	Amount Paid: \$ _____
Receipt Number: _____	Permit Number: _____
Processed By: _____	