

Office Use Only!		ALLOCATION PRIORITY # _____
Date Rcv'd _____	Time _____	Permit # _____
Initials _____	Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/>	



City of Waukesha of Parks, Recreation and Forestry Department
 1900 Aviation Drive • Waukesha WI 53188 • Phone: (262) 524-3737 • Fax: (262) 524-3713
www.waukesha-wi.gov

ATHLETIC FACILITIES USE APPLICATION
 (one event per application)

Name of Event: _____ ESTIMATED TOTAL ATTENDANCE: _____

Name of sponsoring agency/group: _____

Contact person for event: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Work #: _____ Cell #: _____

Email address: _____

Requested Facilities (Indicate # of fields/courts, type of fields. (i.e., soccer, football, baseball, softball))

Park Location	Field/Court	Date(s)	Start Time(s)	End Time(s)

✓ **Please check all that apply** (Please Note: there is a fee for any special service need. To view prices please refer to the Optional User Service Fees listed on page 10 of the Athletic Facilities Rentals Handbook.

- _____ Setting up of tents
- _____ Charging Admission/Entry Fee
- _____ Sales of any kind (mark all that apply)
 - Food Alcohol Raffle
 - Beverage Apparel Other _____
- _____ Additional Picnic Tables
- _____ Additional Trash Barrels
- _____ Lighting (Buchner/Frame/Saratoga, Prairie)
- _____ Field Preparation: Base Length: _____ Pitching Mound: _____
- _____ Other (list) _____

✗ I have received copies of WPRF's Athletic Facilities Policy & Fee/Charge Schedule, and shall comply with all requirements they contain. I shall exercise the utmost care in the use of the facilities and will make good any damage from my use or my guest use of the premises.

SIGNATURE _____ **Date** _____