

CITY OF SHAWNEE GYM RESERVATION REQUEST

NAME _____ PHONE (HM) _____ (Cell) _____
 ADDRESS _____ CITY _____ ZIP _____
 TEAM/
 ORGANIZATION _____ EMAIL _____

You may select one practice per week (Tuesday or Thursday) per team.
Fee: \$25 per one hour practice *includes set-up or tear down of the Volleyball Net

Please indicate 1st and 2nd choice

TUESDAY	
<input type="checkbox"/> 5 – 6 p.m.	<input type="checkbox"/> 5 – 6 p.m.
<input type="checkbox"/> 6 – 7 p.m.	<input type="checkbox"/> 6 – 7 p.m.
<input type="checkbox"/> 7 – 8 p.m.	<input type="checkbox"/> 7 – 8 p.m.

THURSDAY	
<input type="checkbox"/> 5 – 6 p.m.	<input type="checkbox"/> 5 – 6 p.m.
<input type="checkbox"/> 6 – 7 p.m.	<input type="checkbox"/> 6 – 7 p.m.
<input type="checkbox"/> 7 – 8 p.m.	<input type="checkbox"/> 7 – 8 p.m.

<p>TYPE OF PRACTICE <input type="checkbox"/> Basketball <input type="checkbox"/> Volleyball <input type="checkbox"/> Throwing practice (cloth covered softball ONLY)</p> <p style="margin-left: 40px;"><input type="checkbox"/> Other; Please Explain _____</p>
<p>DATE(s) _____ TO _____</p>

The undersigned agrees that this permit is issued with the express understanding that it can be suspended or revoked by the City if the permittee engages in misconduct or fails to clean and police the area adjacent to the ball field or facility that they are reserving. Failure to leave the area clean will result in discontinuation of the use of the facility. The City of Shawnee does not discriminate against any person on the basis of race, color, national origin, age or handicap in the operation of any programs, activity or facility. I, _____, agree that while we use the City of Shawnee fields for the purpose described in this request we will not discriminate on the basis of disability.

SIGNATURE OF APPLICANT _____

DATE _____

