



OVERLAND PARK SOCCER COMPLEX FIELD RENTAL APPLICATION

CLIENT INFORMATION:

ORGANIZATION NAME:			
CONTACT NAME:			
ADDRESS:			
CITY, STATE, ZIP:			
DAY PHONE #:		CELL PHONE #:	
E-MAIL ADDRESS:			
ALTERNATE CONTACT:			
NAME:		PHONE #:	

SPECIFIC INFORMATION:

SPORT (Circle):	Soccer, Lacrosse, Football, Rugby, Field Hockey, Camp/Clinic Other _____		
FIELD USE (Circle):	League Games, Practice, Tournament, Camp/Clinic, Other _____		
FIELD PREFERENCE (Circle):	Full Half		
NUMBER OF FIELDS:			
START DATE:	___/___/___	END DATE:	___/___/___
DAYS OF WEEK:			
1st Choice (Circle days):	Mon, Tues, Wed, Thurs, Fri, Sat, Sun		
2nd Choice (Circle days):	Mon, Tues, Wed, Thurs, Fri, Sat, Sun		
START TIME:	____: ____ am/pm	END TIME:	____: ____ am/pm

EXCLUSIONS TO THESE DAYS AND TIMES: _____

The City of Overland Park and the Overland Park Soccer Complex reserves the right to revoke, postpone, or change the privileges granted to clients after the permit process is completed if the client breaches contract.

Applicant Signature

Date