



Town of Pittsford Athletic Field Use Request Form

Pittsford Recreation Department • 585-248-6280

APPLICANT INFORMATION

Name of Group/Organization: _____

Name of Group Leader: _____

Address: _____

Town: _____ Zip Code: _____

Email Address: _____ Primary Phone: _____

RESERVATION INFORMATION

1. Purpose of Field Use: _____

Field(s): _____

Date(s): _____ - _____ Day(s): _____ Time(s): _____ - _____

Field Lining (Specify Dimensions): _____

2. Purpose of Field Use: _____

Field(s): _____

Date(s): _____ - _____ Day(s): _____ Time(s): _____ - _____

Field Lining (Specify Dimensions): _____

COACH & VOLUNTEER AGREEMENT

All coaches & volunteers working with youth have been properly trained and cleared with a background check.

_____ *Please initial to confirm that all coaches/volunteers are trained and have had a background check.*

OFFICE USE ONLY

Date Application Received: _____

Approved Field(s): _____

Date(s): _____ - _____ Day(s): _____ Time(s): _____ - _____

Approved Field(s): _____

Date(s): _____ - _____ Day(s): _____ Time(s): _____ - _____

Roster(s): 100-80% Resident: _____ 79-0% Resident: _____ Cert of Insurance: _____

APPROVED

Recreation Director: _____ Field Supervisor: _____ Receipt #: _____