

**CITY OF HUBBARD
BARENDSE PARK BALL FIELD PERMIT**

GROUP NAME: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

PHONE: _____

NATURE OF ACTIVITY: _____

NUMBER ATTENDING: _____

PROVISIONS FOR CROWD CONTROL: _____

PROVISIONS FOR CLEANUP: _____

CHECK WHICH FIELD IS NEEDED:

NORTH FIELD: _____

SOUTH FIELD: _____

RESERVATION DATES AND TIMES: _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR EQUIPMENT AND/OR KEY: _____

SIGNATURE: _____ DATE: _____

FEE PAID: _____ (\$25.00 Key Deposit) RETURNED DATE: _____

_____ REFUND DATE