

CITY OF MEDINA  
 2052 COUNTY ROAD 24, MEDINA, MN 55340  
 Phone: 763-473-4643 Fax: 763-473-9359

**RESERVATION APPLICATION FOR PERMITTED FIELD USAGE  
 FOR ATHLETIC FIELDS AND COURTS**

ORGANIZATION NAME: \_\_\_\_\_

PRIORITIZED USAGE GROUP (circle one): A B C D E    PROOF OF PRIORITIZATION: Y / N    PRIORITY DEADLINE:

CONTACT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name of Park Requested: \_\_\_\_\_ DATE: \_\_\_\_\_ TIMES: \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

FACILITIES AVAILABLE: Baseball Field    Lighted Baseball Field    Athletic Field: Soccer/ Football/ Other    Courts

**Please fill out the request form below:**

<b>REQUEST FORM</b>				
Dates	Facility	Usage: Practice, Games, Tournaments	# of fields needed	Time: From-To

**PLEASE NOTE THE FOLLOWING REGULATIONS:**

1. Groups may use only those facilities that are specifically listed in this permit.
2. Facilities shall be left in a neat and orderly condition as approved by the Public Works Department.
3. Users will not sub-lease their assigned fields and/or times to any other league or individual.
4. Baseball/Softball Leagues shall maintain the infields to include lining and dragging. Soccer leagues shall be responsible for all set-up and breakdown of goals, cones, equipment, etc. All Leagues shall keep the grounds, fields and areas in/around/under the bleachers in a clean condition free of litter.
5. All Groups shall maintain an insurance policy in the amount of \$1,000,000, single limit of liability per occurrence. A copy of this policy MUST be submitted to City of Medina Administrative Department at 2052 County Road, Medina, MN 55340.

**BY SUBMITTING THIS APPLICATION I AGREE TO OBSERVE ALL CITY POLICIES AND ORDINANCES OF THE CITY PARK FACILITIES. I AGREE TO ALL REGULATIONS LISTED IN THIS APPLICATION, AND ACCEPT RESPONSIBILITY FOR ANY DAMAGE CAUSED TO ANY BUILDING, PROPERTY OR EQUIPMENT AS THE RESULT OF NEGLIGENCE OR WILLFUL MISCONDUCT WHILE THIS PERMIT IS IN EFFECT. THE CITY SHALL NOT BE HELD LIABLE FOR ANY ACCIDENTS OR INJURIES OCCURRING DURING USE OF FACILITIES.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (RESPONSIBLE PARTY)

**FOR OFFICE USE ONLY**    *Revision: 1-13-2009*

APPLICATION: REC'D DATE \_\_\_\_/\_\_\_\_/\_\_\_\_    APPROVED: Y / N    INSURANCE ON FILE: Y / N    PAYMENT  
 REC'D \$ \_\_\_\_\_ CHECK # \_\_\_\_\_    DEPOSIT REC'D \$ \_\_\_\_\_ CHECK # \_\_\_\_\_  
 AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DEPOSIT RTND: DISCREPANCIES Y/N \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ DATE \_\_\_\_\_    APPRD BY \_\_\_\_\_