

# **Palm Beach County Parks and Recreation Department**



## **Sport Provider Facility Request Form**



# PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

## Sport Provider Facility Request Form

---

The Palm Beach County Parks and Recreation Department partners with community-based Sport Providers to provide opportunities for quality sports programming at County Athletic Facilities. Use of Athletic Facilities is by permit only and in order for the County to ensure equal access to facilities and maximize usage, County Athletic Facilities shall be permitted to accommodate program needs only. The County will not block permit sports programs to reserve facilities beyond program needs. County Staff assessments will determine the availability of permit times at all Athletic Facilities and County Staff will work with Sport Providers to manage the practice/game schedules of historical programs so that permit times allow for maximum usage of facilities. Sport Providers found to be requesting facilities beyond their program needs will have permits revoked and be required to suspend activities immediately.

The purpose of this request form is for Sport Providers to provide all program details so County Staff may identify permit availability to accommodate program needs. A separate Facility Request Form is required for each program and/or each season. Sport Providers must submit request form to County Staff a minimum of 90 days in advance of start date for any historical program. New program requests must be submitted a minimum of 6 months in advance of start date and require written approval by County Staff prior to any advertising or program registrations.

### **AUTHORIZED REPRESENTATIVE INFORMATION** (Must be authorized by organization's president)

#### **Sport Provider Point of Contact Information:**

Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

#### **Inclement Weather Contact Information:**

Name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

### **PROGRAM INFORMATION** (Please type or print information clearly)

Organization Name: \_\_\_\_\_

Requested Park/Facilities: \_\_\_\_\_

Program Name: \_\_\_\_\_ Sanctioning Body: \_\_\_\_\_

Brief Program Description: \_\_\_\_\_

Registration Start Date: \_\_\_\_\_ Registration End Date: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Estimated Total # of Teams: \_\_\_\_\_ Estimated Total # of Participants: \_\_\_\_\_

# PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

## Sport Provider Facility Request Form

### ANTICIPATED SCHEDULE & ACTIVITIES

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm
to	to	to	to	to	to	to
_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm

*\*Final practice and game times may need to be structured in daily timeslots (i.e. 5:30-7:30pm / 7:30-9:30pm) to maximize use of fields.*

*\*Practice/game schedules must be submitted to your County Liaison 2 weeks prior to the first permitted activity. (Must include date, time, coach/team, age & field #)*

Do you set aside makeup dates for rainouts/cancellations? \_\_\_\_\_

Are these dates include in the above listed program dates? \_\_\_\_\_

#### Offered:

- Pre-Season Activities (i.e. clinics, player evaluations, equipment distribution) \_\_\_\_\_
- Post Season Activities (i.e. all-stars, state teams, playoffs) \_\_\_\_\_
- Opening Ceremonies (provide dates/details) \_\_\_\_\_
- Closing Ceremonies (provide dates/details) \_\_\_\_\_
- Private Group Lessons/Training: (provide dates/details) \_\_\_\_\_
- Private One-on-One Lessons/Training: (provide dates/details) \_\_\_\_\_

#### Please Check If Applicable: (Separate form may be required)

- Clinics: (provide the # of clinics you are anticipating to run during season) \_\_\_\_\_
- Camps: (provide the # of camps you are anticipating to run during season) \_\_\_\_\_
- Tournaments: (provide the # of tournaments you are anticipating to run during season) \_\_\_\_\_
- Vendors: (provide the # of vendors you are anticipating to host during season) \_\_\_\_\_
- Others: (please explain) \_\_\_\_\_

Is Palm Beach County Parks and Recreation your sole identity for the provision of athletic facilities?

- YES       NO

Please list other facilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_