PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT Independent Sport Team (IST) Lottery Application Form

PROGR/	AM & CONTACT INFO	RMATION (Teams may submit up	to two (2) Lottery Applications)	
Team Name:		Age Division:	Sport:	
Manager Name:		Phone #:	Email:	
Head Coach Name:		Phone #:	Email:	
Team Liaison Name:*If different from manager		Phone #:	Email:	
Sanctioning Body (Ex: USSSA):		Leag	League(s):	
□ Dyer □ Calod □ Semi FIELD SI Pitching LOTTER	Park psa Park inole Palms Park PECIFICATIONS Distance: Y ELIGIBILITY neck the following boxe My team(s)/program(Base Distance: s verifying that you have attached all s) are not involved with any other org		
	Copy of Official Team Roster is attached, including Team Managers, Coach Name(s), and a minimum of nine (9) players.			
	Copy of a Registration Form/Liability Waiver for each player listed on Official Team Roster.			
☐ Proof of current/valid insurance coverage, including but not limited to Team Name and Age Division listed in details of Certificate of Insurance (COI).				

This application must be submitted to sportsandwellness@pbc.gov no later than 5:00 pm on July 5, 2024.

Submission of an application does not guarantee field space. Applicants are responsible for ensuring all required supplemental documentation listed as well as this form are submitted prior to the deadline. Failure to submit all documentation will result in lottery ineligibility.

Upon verification of all required documents, an Invitation for Eligible Team Applicants will be sent via email on **July 12**, **2024** to Team Liaison listed above including dates, times, and details of Lottery Meetings.

For questions or assistance in completing the form, please call **Sean Farmer** @ **561-963-6722**.

