

# BALL OWL'T SPORTS TRAINING FACILITY

116 EAST NESHANNOCK AVENUE, NEW WILMINGTON, PA 16142

## USAGE REQUEST

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Individual or Group\* requesting use)

\* If Group, Responsible Person: \_\_\_\_\_

If a group, the individual signing as the responsible person) agrees to responsibility for set up, clean up, and return to normal set up of the Facility

Group Individuals: \_\_\_\_\_

*\*\* Each Participant Must have a signed, valid WAIVER on file with the Facility prior to any use*

2. Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Date(s) Requested: \_\_\_\_\_  
If recurring-Start Date: \_\_\_\_\_ End date: \_\_\_\_\_ Frequency: \_\_\_\_\_

4. Time: Begin: \_\_\_\_\_ .m. End: \_\_\_\_\_ .m.

5. Equipment to be Used: \_\_\_\_\_

6. Activity: \_\_\_\_\_

Fees: Reservation Fee: \$ \_\_\_\_\_ \* Non-refundable  
Usage Fee : # of Hours: \_\_\_\_\_ @ \$ \_\_\_\_\_ per hour = TOTAL \$ \_\_\_\_\_  
Extra Equipment Fee: \$ \_\_\_\_\_  
Other Fee(s):  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

**The Undersigned certifies that s/he has read the Rules and Regulations on the Reverse Side of this Request - which are incorporated herein - and agrees to be bound by same individually (and on behalf of Organization, if the Responsible Person).**

**Witness:**

\_\_\_\_\_

Individual (or Responsible Person)

Date: \_\_\_\_\_ 20 \_\_\_\_

FACILITY USE ONLY:  Approved  Declined

Fees Paid with Request: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

By: \_\_\_\_\_