CONSERVANCY ATHLETIC PARK (CAP) Date_____

FIELD USE REQUEST FORM Page ____ of ____

INSTRUCTIONS:

ONLINE 1) Complete The Form Below. 2) Save Form to Your Computer. 3) Email Form to: info@capsports.org

VIA MAIL 2) Complete the Form Below 2) Print and Mail form to: LCD , 225 E Eads Pkwy Greendale, IN 47025

** Incomplete Request Forms will be returned to Primary Contact Person **

Organization/Team Name _____

Organization Website_____

Primary Contact Person_____

Email Address _____

Mailing Address_____

City: _____ State:_____ Zip _____

Phone (Day) _____ (Eve)_____ Fax: _____

Secondary Contact Person _____

Age Group _____ # of Teams: _____ # of Participants _____

What percent of your roster(s) are Dearborn County and/or School District _____%

(Rosters must be submitted one month prior to the start of your league play as proof of residency)

Organization Type	*Activity (Separate tourney/regular season)*	*Sport*
○ City Use ○ Youth Organization ○ Adult Organization	○ Practices & League Play ○ League Play only ○ Practices only ○ Tournament ○ Sports Camp ○ Other _____	○ Baseball ○ Softball ○ Soccer ○ Football ○ Other_____

FIELD REQUESTED	DAYS OF THE WEEK	START DATE	END DATE	START TIME	END TIME	BASE LENGTH