



www.readingrec.org

FACILITY USE REQUEST

Applicant Name: _____

Organization Name: _____

Address: _____

Phone Number: _____

Email: _____

Park Requested: _____ Ball Field Basketball Court Volleyball Court

Hockey Rink Tennis Court

Purpose of Use: _____

Age Group: _____ Will you be charging fee to participants? Yes No

Non Profit Organization? Yes No (Attach copy of the IRS 501(c)3 determination letter, if applicable)

List date(s) and Start/End time (s) facility is requested or attached game schedule.

Signature of Applicant

Date

Based on this request (and other requests), official forms will be sent to you indicating approved dates, fees, times and facilities. Those dates may not include all the dates you requested. Failure to provide sufficient information and applicable forms may delay or hinder the potential approval of your request.

Upon approval group is required to provide a \$1,000,000 liability insurance policy naming Reading Recreation Commission, City of Reading and Reading School District as additional insured.