



BALLFIELD PERMIT APPLICATION

Date:_____

Applicant Name:_____ Team Name:_____

Address:_____

Email:_____ Phone #:_____

****PERMITS ARE GIVEN ON A FIRST COME FIRST SERVE BASIS****

Field Requested: ☐ Friendship #1 (upper field) ☐ Friendship #2 (lower field)
☐ Carol Huber ☐ Weaver Lane (soccer)

Permit Type: ☐ One Day Permit Date Requested:_____

☐ Season Permit ☐ Spring Season 3/1 - 7/31 ☐ Fall Season 8/1-10/31

Seasonal Fee - \$30 per time lot (ex: Tuesdays & Thursdays 5pm-7pm - \$60 for the season)

Dates & Times: Preferred Day of the Week_____

Preferred Time Slot ☐ 5pm-7pm ☐ 7pm-9pm

Please submit applications to Stacy Klosterman stacy.k@coldspringky.gov

Office Use Only:

Request Received:_____

Fee Received:_____

Cash Check Credit