



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