



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 - Fall Season 8/1-10/31
 Seasonal Fee - \$30 per time lot (ex: Tuesdays & Thursdays 4pm-6pm - \$60 for the season)

Dates & Times: Preferred Day of the Week _____
 Preferred Time Slot 4pm-6pm 6pm-dusk

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

Office Use Only:
Request Received: _____
Fee Received: _____
Cash Check Credit