

City of Grosse Pointe
Department of Parks and Recreation
Telephone: (313) 343.5257
Fax: (313) 885.1183
Parks@grossepointecity.org

City Recreation Facility Use Application Elworthy Field

Applicant Information

Organization Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ Michigan Zip Code: _____

Phone Number: _____ Alt. Phone Number: _____

E-Mail Address: _____

Organization Information

Check One:

Non-Profit Organization For Profit Organization
 Other (Explain: _____)

Check All That Apply:

Grosse Pointe Public School System Organization
 Community Organization Community Based League
 Competitive League Individual
 Other (Explain: _____)

Athletic League Information – Refer to prior years statistics and information:

Number of Teams in League _____ Number of League Games/Practices Required _____

Number of Players on (League/Team) _____

Number of GPPSD Residents on (League/Team) _____

Geographic Area and Cities included in the League/Team _____

Facility Use Request

_____ E-1 Baseball Diamond (Little League use only)

_____ E-2 Baseball Diamond (Little League use only)

_____ Babe Ruth Diamond

_____ Elworthy Softball Diamond

_____ Elworthy Soccer Field

_____ Elworthy Tennis Courts

_____ Elworthy Platform Tennis Courts

_____ Elworthy Pavilion

_____ Other (please list: _____)

Scheduled Dates and Times Requested

Starting Date: _____ Ending Date: _____

Days and Times:

Monday	Times	_____
Tuesday	Times	_____
Wednesday	Times	_____
Thursday	Times	_____
Friday	Times	_____
Saturday	Times	_____
Sunday	Times	_____

Other Requests: _____

Insurers Name: _____ Policy Number: _____

Effective Dates of Policy: _____

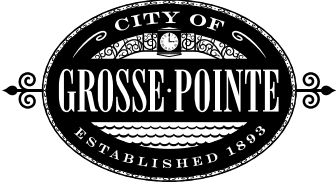
Attach Certificate of Insurance naming City of Grosse Pointe as an "Additional Insured" Party

Name (please print): _____

Signature: _____

Date: _____

Title or Position with Organization: _____



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Permit Approved: _____

Insurance Policy Received: _____

League Game/Practice Schedule Received: _____

Starting Date: _____

Days and Times: _____

Other Permit Conditions and Authorizations: _____

Authorized City Signature:

_____ Date: _____

Name of Authorized Person:

_____ Title: _____

Date of Approval: _____