

# Palm Beach County Parks and Recreation Department



## Facility Request Form

### INTERNAL USE ONLY

DATE RECEIVED: \_\_\_ / \_\_\_ / \_\_\_

APPROVED: YES NO

REASON: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT SPORT PROVIDER FACILITY REQUEST FORM

The purpose of this request form is to help the Palm Beach County Parks and Recreation Department identify the needs of each Sport Provider while providing the department the information necessary to appropriately manage its facilities. Upon completion of the form, the Sports and Wellness Staff will review the information provided and work with each Sport Provider to determine the type and amount of field space needed to adequately facilitate programming.

Request forms must be completed for each program and for each season. Your organization may request to operate more than one program, i.e. a recreational baseball program and travel baseball program. If this is the case, you will need to submit separate request forms for each sports program.

Your County liaison will contact you to discuss your facility needs within 5 business days of receiving your request.

Palm Beach County Parks & Recreation look forward to working with your program to ensure a successful season.

### Authorized Program Representative Contact Information:

(For Inclement Weather Notifications)

(Point of Contact Person for the County)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby affirm I have read the Palm Beach County Sport Provider Handbook that the organization I represent has met all of the County's requirements as outlined in the County's Sport Provider Facility Handbook; I further affirm that all documentation has been submitted to the County and is accurate and current.

\_\_\_\_\_  
(AUTHORIZED PROGRAM REP. NAME – PLEASE PRINT)

\_\_\_\_\_  
(AUTHORIZED PROGRAM REP. SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRESIDENT'S NAME – PLEASE PRINT)

\_\_\_\_\_  
(PRESIDENT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

**PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT  
SPORT PROVIDER FACILITY REQUEST FORM**

Recognized Sport Provider Name: \_\_\_\_\_

Requested Facility/ies: \_\_\_\_\_

Program Name: \_\_\_\_\_  
(i.e. Adult Men's Baseball, Youth Recreational Baseball, Youth Girls Travel Soccer, etc)

Brief Program Description: \_\_\_\_\_  
(i.e. adult baseball for males 18 to 35, or youth girls recreational fast pitch for girls 6 to 18).

Sanctioning body(s) used: \_\_\_\_\_

Estimated Total # of teams: \_\_\_\_\_ Estimated Total # of participants: \_\_\_\_\_

Registration begins: \_\_\_\_\_ Registration ends: \_\_\_\_\_

Season start date: \_\_\_\_\_ Season end date: \_\_\_\_\_

Do you set aside dates for rain out make-ups? \_\_\_\_\_

Are these dates included in the dates listed above? \_\_\_\_\_

- Offered:  Pre-season Activities (camps, clinics, conditioning, meetings, equipment distribution)
- Opening Ceremonies: \_\_\_\_\_
- Closing Ceremonies: \_\_\_\_\_
- Post season Activities (All-Stars, State Teams, etc)
- Private group lessons/training
- One on one private lessons/training

Please check if applicable, a separate Special Event Request form may be required

- Clinics (please provide the #of clinics you are anticipating to run during season): \_\_\_\_\_
- Camps (please provide the #of camps you are anticipating to run during season): \_\_\_\_\_
- Tournaments (please provide # of tournaments you are anticipating to run during season): \_\_\_\_\_
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Palm Beach County Parks and Recreation your sole entity for the provision of athletic fields?

- YES  NO, please list other facilities: \_\_\_\_\_  
\_\_\_\_\_