



PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

Sport Provider Facility Request Form

The Palm Beach County Parks and Recreation Department partners with community-based Sport Providers to provide opportunities for quality sports programming at County Athletic Facilities. Use of Athletic Facilities is by permit only and in order for the County to ensure equal access to facilities and maximize usage, County Athletic Facilities shall be permitted to accommodate program needs only. The County will not issue block permits or allow sports programs to reserve facilities beyond program needs. County Staff assessments will determine the availability of permit times at all Athletic Facilities and County Staff will work with Sport Providers to manage the practice/game schedules of existing programs so that permit times allow for maximum usage of facilities. Sport Providers found to be requesting facilities beyond their program needs will have permits revoked and be required to suspend activities immediately.

The purpose of this request form is for Sport Providers to provide all program details so County Staff may identify permit availability to accommodate program needs. **A separate Facility Request Form is required for each program and/or each season.** Sport Providers must submit request form to County Staff a minimum of 90 days in advance of start date for any existing program. New program requests must be submitted a minimum of 6 months in advance of start date and require written approval by County Staff prior to any advertising or program registrations.

PROGRAM INFORMATION:

Organization Name: _____

Requested Park(s): _____

Requested Field(s): ☐ Multipurpose _____ (How many) ☐ Softball _____ (How many) ☐ Baseball _____ (How many)

☐ Cross Country _____ (Location) ☐ Cricket _____ (How many) ☐ Courts _____ (Type of Court/How many) ☐ Other _____ (Describe/How many)

Program Name: _____ Sanctioning Body: _____
(Ex: Little League, Cal Ripken, USSSA, FYSA, AYSO, Pop Warner, etc.)

Brief Program Description: _____

Program Start Date: _____ Program End Date: _____

Estimated Total # of Teams: _____ Estimated Total # of Participants: _____

PROJECTED SCHEDULE & ACTIVITIES

Final Practice/Game Schedules must be submitted to your County Liaison two (2) weeks prior to the first permitted activity. Schedules must include dates, each timeslot per day, coach/team, age, and field #.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> am/ <input type="checkbox"/> pm to <input type="checkbox"/> am/ <input type="checkbox"/> pm	<input type="checkbox"/> am/ <input type="checkbox"/> pm to <input type="checkbox"/> am/ <input type="checkbox"/> pm	<input type="checkbox"/> am/ <input type="checkbox"/> pm to <input type="checkbox"/> am/ <input type="checkbox"/> pm	<input type="checkbox"/> am/ <input type="checkbox"/> pm to <input type="checkbox"/> am/ <input type="checkbox"/> pm	<input type="checkbox"/> am/ <input type="checkbox"/> pm to <input type="checkbox"/> am/ <input type="checkbox"/> pm	<input type="checkbox"/> am/ <input type="checkbox"/> pm to <input type="checkbox"/> am/ <input type="checkbox"/> pm	<input type="checkbox"/> am/ <input type="checkbox"/> pm to <input type="checkbox"/> am/ <input type="checkbox"/> pm

*Final practice and game times may need to be structured in daily timeslots (i.e. 5:30-7:30pm / 7:30-9:30pm) to maximize use of fields.

Sport Provider's Initial (indicates understanding, acknowledgment, and acceptance): _____



PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

Sport Provider Facility Request Form

Please Check If Applicable: (Provide details if applicable)

- ☐ Pre-Season Activities (i.e. clinics, player evaluations, equipment distribution) _____
- ☐ Post Season Activities (i.e. all-stars, state teams, playoffs) _____
- ☐ Opening Ceremonies (dates/details) _____
- ☐ Closing Ceremonies (dates/details) _____
- ☐ Clinics: (# of clinics you are anticipating to run during season) _____
- ☐ Camps: (# of camps you are anticipating to run during season) _____
- ☐ Tournaments: (# of tournaments you are anticipating to run during season) _____
- ☐ Vendors/Concession: (# of vendors you are anticipating to host during season) _____
- ☐ Grills/Cooking Tools: (propane or electric): _____
- ☐ Personal Training /Group Fitness Instructor: _____
- ☐ Banners, Windscreens, or Signage: (location of the following advertisement) _____
- ☐ Fee or Donation charged for Admission or Parking: (Cost of fee or donation expected): _____
- ☐ Will there be a DJ or any other kind of music/announcements through *Amplified Sound or PA System*?
Description: _____
- ☐ Will the program/event require the use of electrical/power source? *Generators*?
For What: _____
- ☐ Will PBSO Deputies/Security be needed to be present during the program/event?
Description/How Many: _____

Other important information related to your program:

Is Palm Beach County Parks and Recreation your sole identity for the provision of athletic facilities?

☐ YES ☐ NO If no please list other facilities: _____

AUTHORIZED SIGNATURE OF ACKNOWLEDGMENT

I, _____, hereby affirm that to the best of my knowledge and ability, all information provided in this Facility Request Form is accurate and current.

Authorized Representative Name – Please Print

Authorized Representative Signature – Please Sign

Date

INTERNAL USE ONLY

DATE RECEIVED: ____ / ____ / ____

☐ APPROVED

☐ NOT APPROVED

STAFF INITIAL: _____ DATE: ____ / ____ / ____ REASON: _____