

Stansbury Service Agency

Sports Facility Use Agreement

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Function: \_\_\_\_\_

Dates of Use: \_\_\_\_\_

Number of Participants Expected: \_\_\_\_\_

Areas and Times of Use Requested:

Area or Facility

Time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Assessed Maintenance Fee: \$ \_\_\_\_\_ Received: \_\_\_\_\_

Applicant has provided the following refundable deposits:

\_\_\_\_\_ \$200.00 Damage Deposit

Applicant has received a copy of:

\_\_\_\_\_ Stansbury Service Agency Facility Use Agreement

\_\_\_\_\_ Stansbury Service Agency Organized Sports Policy