

Application & Permit Use of Feeney Park Facilities

Applicant's
Organization _____

Mailing Address _____

Applicant's Name _____ Phone: Day _____
Evening _____

Dates and Times of Requested Use _____
Beginning Date _____ Ending Date _____

Facility(ies) Requested: _____ Upper Field _____ Lower Field
 _____ Amphitheater _____ Snack Bar
 _____ Skatepark

Purpose, all special requests (tents, booths, alcohol sales, etc.), and a full description of any money-earning events. Sports users, please include number of teams and/or participants, and an estimated number of spectators.

Signature of Authorized Applicant Title Date

For Feeney Park Foundation Use Only

Date of Reservation _____ Dates of Use _____ Time of Use _____

Approved By _____ Date _____

Rental Fee \$ _____ for use of _____

Paid by: Cash _____ Check # _____

Authorized by _____
Signature Printed Name and Title