



PARKS AND RECREATION

REQUEST FOR FIELD/FACILITY RENTAL—FOR PRIORITY LEVEL 5, 6, & 7

| USER INFORMATION | | | |
|---|-------------------------|--------|-----------|
| PRIMARY CONTACT NAME: | | | |
| ADDRESS: | CITY: | STATE: | ZIP CODE: |
| EMAIL ADDRESS: | | | |
| PHONE NUMBER: | ALTERNATE PHONE NUMBER: | | |
| The organization is a: <input type="checkbox"/> Mendota Heights Residents (Personal Use) <input type="checkbox"/> Mendota Heights Businesses/Commercial Organizations <input type="checkbox"/> Non-Mendota Heights Residents, Organizations, Businesses | | | |

| | | | |
|-------------------------|-------------------------|----------------------------------|-----------|
| SECONDARY CONTACT NAME: | | RELATIONSHIP TO PRIMARY CONTACT: | |
| ADDRESS: | CITY: | STATE : | ZIP CODE: |
| EMAIL ADDRESS: | | | |
| PHONE NUMBER: | ALTERNATE PHONE NUMBER: | | |

| RESERVATION INFORMATION | | | |
|---|---|---|--|
| Total number of participants included in the request: | | % of Mendota Heights residents included in the request: | |
| Requesting fields or facilities for: | <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Lacrosse |
| | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis | <input type="checkbox"/> Football |
| | <input type="checkbox"/> Other: | | |
| Requesting fields or facilities for: | <input type="checkbox"/> Games & Practices | <input type="checkbox"/> Practice(s) Only | <input type="checkbox"/> Game(s) Only |
| | <input type="checkbox"/> Camp(s) | | |
| | <input type="checkbox"/> Other: | | |
| Athletic Field/Facility Requested: | <input type="checkbox"/> Civic Center | <input type="checkbox"/> Friendly Hills | <input type="checkbox"/> Hagstrom-King |
| | <input type="checkbox"/> Ivy Hills Park | <input type="checkbox"/> Marie Park | <input type="checkbox"/> Valley Park |
| | <input type="checkbox"/> Victoria Highlands | <input type="checkbox"/> Wentworth | |
| | <input type="checkbox"/> Kensington | Number of Fields Requested: | |
| | <input type="checkbox"/> Mendakota Park | Number of Fields Requested: | |

| RESERVATION INFORMATION (CONTINUED) | | | |
|--|------------------------------------|------------|----------|
| Date(s) Requested: | From: | To: | |
| Days of the Week Requested: | <input type="checkbox"/> Monday | START TIME | END TIME |
| | <input type="checkbox"/> Tuesday | START TIME | END TIME |
| | <input type="checkbox"/> Wednesday | START TIME | END TIME |
| | <input type="checkbox"/> Thursday | START TIME | END TIME |
| | <input type="checkbox"/> Friday | START TIME | END TIME |
| | <input type="checkbox"/> Saturday | START TIME | END TIME |
| | <input type="checkbox"/> Sunday | START TIME | END TIME |
| Date Exceptions: If there are dates within the range requested where fields/facilities will not be used, please list them: | | | |
| | | | |
| Special requests or arrangements (e.g. lining diagrams): | | | |
| | | | |

| CATERING AND FOOD VENDOR INFORMATION | |
|--|--|
| <i>Note: Groups wanting to use concession stands or offer food or beverages for sale will need to obtain the appropriate permits and/or licenses form the County or State and have permits or licenses available during the entire time of the tournament.</i> | |
| Are you requesting use of the concession stand: | <input type="checkbox"/> Yes (Please Circle: Kensington or Mendakota) <input type="checkbox"/> No |
| The event will include: | <input type="checkbox"/> Food Vendors <input type="checkbox"/> Food Trucks <input type="checkbox"/> Pre-packaged Food/Beverage Items <input type="checkbox"/> Professional Catering <input type="checkbox"/> Other: |

COMPLIANCE STATEMENT

I certify that I am a representative of _____ and that I am authorized to reserve athletic fields and facilities with the City of Mendota Heights. I have read and understand the Mendota Heights Field and Facility Use Policy and agree to comply with all applicable requirements of the policy as they relate to my organization.

I certify that the information that I have provided is true and accurate to the best of my knowledge. If the information that I have provided or my request changes, I will submit a revised application or additional information.

X _____
Signature

Date

| | | | |
|---|----------------------------|---|--|
| FOR OFFICE USE ONLY | | <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved | |
| Application Fee: \$ Payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card | Date Application Received: | Time Application Received: | |