BP35 2-26-19

Soccer Field Reservation Request: City of Rochester Hills Parks

● Phone (248) 656-4797 ● No fax available ●
http://www.rochesterhills.org/index.aspx?NID=361
Email: fieldreservations@rochesterhills.org

PLEASE WRITE CLEARLY !

Contact Name: _____ Your ***EXISTING*** permit # _____

Phone Cell: _____ *(leave blank if not assigned yet for this year)*

Phone Home: _____

Phone Work: _____ Email address: _____

Address: Street: _____

City: _____ Zip: _____

League / Club / group: _____

Division / Age Group: _____

Team Name(s): _____

Your group's web site *(if available)*: _____

Are you a *current/valid* **non-profit** or **not-for-profit** organization? ☐ yes ☐ no

If yes, what is your non-profit MICHIGAN corporate id #:
(6 digits): __ __ __ __ __ __ * or (9 digits): __ __ __ __ __ __ __ __ __ *

For info call Michigan Dept. of Licensing and Regulatory Affairs, Corporations Division (LARA) at (517) 241-6470.
Or check on line at https://cofs.lara.state.mi.us/corpweb/CorpSearch/CorpSearch.aspx
You should verify with them if you are "in good standing" *(when was the last time you filed documents with them?).*
Please note your id # WILL be checked by our staff for validity and active status.

_____ *(please initial)* I am aware and agree that I will need to

- provide specific insurance documentation according to the CRH requirements as listed in: http://www.rochesterhills.org/index.aspx?NID=361
- provide the correct insurance ***PRIOR TO*** receiving a field permit.
- ***CRH STAFF:*** Correct insurance received (date): _____ By: _____

Who will pay for this reservation? _____

Date submitted: _____ ***CRH STAFF:*** Request Date received: _____ By: _____

#	Day of the week	Date	Time		Park	Field #	Age or Team Size	Comments. Game? Camp?
			start	end				
1								
2								
3								
4								
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#	Day of the week	Date	Time		Park	Field #	Age or Team Size	Comments. Game? Camp?
			start	end				
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#	Day of the week	Date	Time		Park	Field #	Age or Team Size	Comments. Game? Camp?
			start	end				
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