## \*Before completing this form, download and save to your computer



City of Lynchburg
Parks and Recreation Department

301 Grove Street Lynchburg, VA 24501 www.LynchburgParksAndRec.com (434) 455-5858

OFFICE USE ONLY					
Permit No.					
Date Submitted:					
Approved?	☐ Yes	□No			
Receipt No.					
FS Direct No.			-		

## ATHLETICS PARTNERS RESERVATION PERMIT

Name of Applicant:		Name of Organization	Name of Organization:		
Day Phone No:		Email:			
Address:		City	State	Zip Code	
Copy of Certificate of Insurance (	COI) Attached? □ Y	′es □No			
Site(s) of Proposed Activites:					
☐ Armstrong ☐ Blackwater (	Creek Athletic Area	☐ Fairview Park ☐ ☐	Jefferson Park 🔲 🛭	Riverside	
□ Miller Park - Lloyd □ Mille	r Park - Bradford	□ Miller Park – Happy Lee	☐ Sandusky Park		
□ Other :					
Peaks View Park: □1 □2	□3 □4 [	□5 □6 □7 □	38 09 010	□ 11	
Activity:	Dates:to _	thro	ough Times:	to	
Activity:	Dates:to _	Days:thro	ough Times:	to	
Activity:	Dates:to	Days:thro	ough Times:	to	
Special Needs? □ Yes □ No	_ _ _	Lights Port-o-Johns Extra Dumpster Other:			
Applicant agrees to adhere to t	he City of Lynchburg	Athletics Field Policy and tagreement.	terms of the youth ath	letics partnership	
Signature of Applicant:	Date:				

Lynchburg Parks & Recreation Division Attention: Special Events Coordinator 301 Grove Street Lynchburg, VA 24501