

**St Charles Parks and Recreation Department  
Athletic Field Tournament Application**

**Name of the Tournament Organization**

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**Name of the Tournament Director**

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**Address, State, ZIP**

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**Telephone Number Home/Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Tournament Representative on site throughout the Tournament**

**Name-** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

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**Type of Tournament:**      **Soccer**      **Baseball/Softball**      **Football**

**Field(s) Requested** \_\_\_\_\_

**Sanctioning Organization** \_\_\_\_\_

**Tournament Date(s) Requested** \_\_\_\_\_

**Starting Time** \_\_\_\_\_ **Ending Time** \_\_\_\_\_

**Requested Rain/Make-up Dates** \_\_\_\_\_

**Entry Fee per Team, plus any additional costs to each team**

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**Team Guarantees/Refund Policy**

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**List of sponsors, co-sponsors and donors**

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**Field, pitching rubber and base line dimensions/Soccer Field Sizes**

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**Type of Event**

**Fundraiser: Yes / No**                      **Not-for-Profit Status attached**                      **Yes / No**

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**Vendors**

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By signing the application form, it is agreed the Tournament Director has received, read and understands the Athletic Field Tournament Policy, City of St. Charles Ordinances Chapter 99 and all fees applicable to the use of St Charles Parks and Recreation Department athletic fields. Misuse of athletic fields or falsification of the Tournament as presented in this application may result in rejection, termination of this application or future application.

Signature of Applicant, Tournament Director:

\_\_\_\_\_ **Date of Application**

**Confirmation of approved tournament dates will be mailed with a receipt of deposit paid.**

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**Staff Use Only**

Tournament Location: \_\_\_\_\_

# of Fields: \_\_\_\_\_

Certificate of Insurance on file:      Yes / No

Returning Tournament:    Yes / No

Not-for-Profit Included:      Yes / No

Field Lining:    Tournament / Staff              Type of Lining \_\_\_\_\_

**Fees Sheet Attached**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_