CITY OF SHAWNEE GYM RESERVATION REQUEST

NAME _____ PHONE (HM) _____ (Cell) _____

ADDRESS _____ CITY _____ ZIP _____

TEAM/
ORGANIZATION _____ EMAIL _____

You may select one practice per week (Tuesday or Thursday) per team.
Fee: $25 per one hour practice *includes set-up or tear down of the Volleyball Net

Please indicate 1st and 2nd choice

TUESDAY	THURSDAY
☐ 5 – 6 p.m.	☐ 5 – 6 p.m.
☐ 6 – 7 p.m.	☐ 6 – 7 p.m.
☐ 7 – 8 p.m.	☐ 7 – 8 p.m.
☐ 8 – 9 p.m.	☐ 8 – 9 p.m.

TYPE OF PRACTICE ☐ Basketball ☐ Volleyball ☐ Throwing practice (cloth covered softball ONLY)

☐ Other; Please Explain_____

DATE(s)_____**TO**_____

The undersigned agrees that this permit is issued with the express understanding that it can be suspended or revoked by the City if the permittee engages in misconduct or fails to clean and police the area adjacent to the ball field or facility that they are reserving. Failure to leave the area clean will result in discontinuation of the use of the facility. The City of Shawnee does not discriminate against any person on the basis of race, color, national origin, age or handicap in the operation of any programs, activity or facility.
I, _____, agree that while we use the City of Shawnee fields for the purpose described in this request we will not discriminate on the basis of disability.

SIGNATURE OF APPLICANT DATE

_____ _____

Shawnee
KANSAS
Parks and Recreation