



TULLAHOMA
Parks and
Recreation

501 North Collins Street Tullahoma, TN 37388
Phone: 931-455-1121 Fax: 931-454-1767
Email: recreation@tullahomatn.gov

Athletic Field Use Application

For Office Use Only:

Date Received: _____ Staff Initial: _____

Approved Denied

Parks and Rec Director: _____ Date: _____

Form: AF1

Applicant/Representative Name: _____

Organization: _____

League Affiliation: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Email: _____ Website: _____

Which Park/Facility are you requesting? _____

Date/Time of Event(s): _____

What type of event is being held?

- Tournament
- Team Practice
- League Play
- Chairity Fundraiser/Benefit
- Other _____

Will your event include the following?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Amplified Sound
<input type="checkbox"/>	<input type="checkbox"/>	Tents
<input type="checkbox"/>	<input type="checkbox"/>	Inflatables
<input type="checkbox"/>	<input type="checkbox"/>	Staging
<input type="checkbox"/>	<input type="checkbox"/>	Admission Fee
<input type="checkbox"/>	<input type="checkbox"/>	Food/Beverage Sales
<input type="checkbox"/>	<input type="checkbox"/>	On-Site Cooking
<input type="checkbox"/>	<input type="checkbox"/>	Displays or Exhibits

Will you require use of the following to put on your event?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Press Box
<input type="checkbox"/>	<input type="checkbox"/>	Scoreboard
<input type="checkbox"/>	<input type="checkbox"/>	Field Lighting
<input type="checkbox"/>	<input type="checkbox"/>	Concession Stand
<input type="checkbox"/>	<input type="checkbox"/>	Additional Bleachers
<input type="checkbox"/>	<input type="checkbox"/>	Additional Parking
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

- » On a separate sheet of paper please outline all specific details, including items not listed on this sheet. Include team rosters complete with player names, addresses, and ages.
- » A certificate of insurance must be submitted upon application approval. The policy must be in force for the duration of the event and be issued by an insurance company licensed to do business in Tennessee, specifying public liability and property damage insurance with a single limit of not less than one million dollars (\$1,000,000), naming the City of Tullahoma as additionally insured to the extent of the organizations negligence. Certificate of Insurance must match Applicant name and address.
- » The discovery of false or misleading information regarding the applicant or described event activities on this application will result in the rejection of the application, revocation of approval of use of the park/facility and/or denial of future requests to access park property.

Signature of Event Applicant/Representative: _____ Date: _____

Return completed form to D.W. Wilson Community Center or fax to 931-454-1767 or email to recreation@tullahomatn.gov
Please allow adequate lead time prior to advertising the event for departmental review, processing, and planning