

Stansbury Service Agency

Sports Facility Use Agreement

Name of Organization: _____

Contact Person: _____

Email Address: _____ Phone: _____

Type of Function: _____

Dates of Use: _____

Number of Participants Expected: _____

Areas and Times of Use Requested:

Area or Facility

Time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Assessed Maintenance Fee: \$ _____ Received: _____

Applicant has provided the following refundable deposits:

_____ \$200.00 Damage Deposit

Applicant has received a copy of:

_____ Stansbury Service Agency Facility Use Agreement

_____ Stansbury Service Agency Organized Sports Policy