



Friends of Municipal Park

Official Permit

Permit Approval Date: _____ Permit Expiration Date: _____

Name of Person/Organization: _____

Address: _____

Phone Number: _____ Email: _____

Park Permitted: _____ Field Permitted: _____

Permitted Date(s): _____

Permitted Time(s): _____

This signed document provides access to the following amenities for the duration of the permit:

___ Field ___ Lights ___ Concession ___ Press Box/ Storage Area ___ Restrooms ___ Other

Date & No. Keys Checked Out: _____ Date & No. Keys Returned: _____

Special Permitting Conditions: _____

Damage Deposit Due: Yes: ___ No: ___ If no, please explain: _____

Applicant's Name (Please Print) Applicant's Signature Date

Rentals Office Representative Signature Date Athletics Representative Signature Date

By signing above, I certify that I have read and agree to follow the guidelines listed in the MPRD Athletic Facility Usage and Conditions of Use Packets.