

Anchorage School District
 Community Services Department
 5530 E. Northern Lights Boulevard
 Anchorage, Alaska 99504-3135
 Phone: 742 -4143, -4141, -4145

Permit Granted # _____
 Date: _____
 Fee Paid: \$ _____
 Municipality of Anchorage
 Parks & Recreation Department
 120 Bragaw Street
 Anchorage, Alaska 99508
 Phone: 343-4564

JOINT OUTDOOR SPORT FACILITIES PERMIT APPLICATION

FACILITY (park/school) REQUESTED: _____	ACTIVITY PLANNED: _____	YOUTH <input type="checkbox"/> ADULT <input type="checkbox"/>	APPLICATION DATE: _____
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ORGANIZATION INFORMATION: (list total numbers for organization)

Total # of Teams: Male: _____ Female: _____ Mixed: _____
Total Participants: _____ Ages: Under 10 _____ 11-14 _____ 15-18 _____ Adults _____

INDIVIDUAL TEAM INFORMATION: (list requirements for a single team in the league)

Games/week: _____ **Length of game:** _____ (Hr/Min) **Practices/week:** _____ **Practice length:** _____ (Hr/Min)

CATEGORY OF REQUEST: (Check the type of use pertaining to submitted facility request)

League games _____ **League practice needs** _____ **Tournaments** _____ **Clinics/Camps** _____
Team practices _____ **Special event** _____ **Other** _____

Name of Organization: _____ Phone: _____
 Mailing Address: _____ FAX: _____
 City: _____ State: _____ Zip: _____ E-mail: _____
 Authorized Representative: _____ Day Phone: _____
 Official Title/Position: _____ Home Phone: _____

Expected Attendance: _____	Organization Profit Formed for: _____ Nonprofit <input type="checkbox"/>	Admission Charged: _____ Yes <input type="checkbox"/> (if yes, indicate amount _____) No <input type="checkbox"/>
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DATES REQUESTED:	TIME:	OUTDOOR FACILITY:
Monday(s) _____	_____ to _____	_____
Tuesday(s) _____	_____ to _____	_____
Wednesday(s) _____	_____ to _____	_____
Thursday(s) _____	_____ to _____	_____
Friday(s) _____	_____ to _____	_____
Saturday(s) _____	_____ to _____	_____
Sunday(s) _____	_____ to _____	_____

Screening Committee Recommendation: _____

Permit Granted # _____

Date: _____

Fee Paid: \$ _____

Initials: _____ Date: _____

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Please provide a history of volunteer, in-kind and/or financial contributions to Anchorage P&R sports facilities
and/or Anchorage School District sports facilities: _____

Previous Permits issued for facilities requested:

MOA yes ___ no ___

ASD yes ___ no ___

Note: Submission of the following information is required 10 days prior to permit being issued.

_____ **Certificate of Insurance** with a minimum liability of \$1,000,000 naming the Municipality of Anchorage and/or the Anchorage School District as additional insured for the activity.

_____ **Noise Permit** issued as required by AMC 15.70.070.B

_____ **Other:** _____

1. I/We understand that this is an application only.
2. I/We agree to comply with the permit terms and conditions, partnership commitments included with this application, ad the Municipality of Anchorage and Anchorage School District Rules and Regulations applying to the permitted use.

Signature of Authorized Representative: _____ Date: _____

Received by: MOA **OR**
Date: _____

ASD
Date: _____