

Town of Horseheads Holding Point Recreation Complex

Sports Permit Application

- Answer all sections of this application completely; incomplete applications will be returned
- Return completed applications to the Town of Horseheads 150 Wygant Road, Horseheads, NY 14845
- Prior to 1st game/practice submit rosters
- No permits will be granted unless this application is signed and certificate of liability insurance is submitted
- **Please read and sign the last page of this permit**

Section I Applicant Contact Information	1. Name of Applicant: _____ 2. Organization (if any): _____ 3. Mailing address: _____ 4. Phone: Day Time- _____ Night Time- _____ 5. Email: _____ DOB: _____
Section II Alternative Contact Information	1. Alternative contact: _____ 2. Home Address: _____ 3. Phone: Day Time- _____ Night Time- _____ 4. Email: _____ DOB: _____
Section III Permit Information	1. Is application for (check one): Travel Team _____ League _____ Tournament _____ School _____ Others _____ 2. Sport: Softball _____ Baseball _____ Adult Baseball _____ Soccer _____ Other _____ 3. Field(s) desired: (If requesting permits for multiple parks, please fill out separate applications) Little League Field(s): _____ field #1 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____ _____ field #2 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____ _____ field #3 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____ _____ field #4 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____ Softball Field(s): _____ field #5 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____ _____ field #6 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____ _____ field #7 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____ _____ field #8 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____ Adult Baseball: _____ field #9 Day(s) of the week: Su M Tu W Th F Sa Start date: ____/____/____ End Date: ____/____/____ Start time: _____ End Time: _____
Section IV League/Team Information	1. Name of League/Team: _____ 2. How long has the league received permits? _____ years. 3. What type of league (check one): Association _____ Independent _____ Name of Association _____
Section V Background Information	1. Does the team or player pay a participation fee to the league? Yes _____ No _____ 2. Numbers of players per team: _____ Number of teams: _____ 3. Number of referees per game: _____ Are referees compensated? Yes _____ No _____ 4. Number of spectators anticipated? _____ 5. Will the spectators be charged? Yes _____ No _____ If yes, how much? _____ 6. Will there be sponsorship signage at the facility? Yes _____ No _____ 7. Will there be vendors at the facility? Yes _____ No _____ 8. Will the activity (ies) be advertised? Yes _____ No _____