



Athletic Fields  
**Rental Request Form**

Date: \_\_\_\_\_

**Rental Information**

Full Name: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number ( ) \_\_\_\_ - \_\_\_\_ Cell Number ( ) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

If you would like to receive email promotions from the Recreation Department, please check here

**Event Information:**

Date of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Specific Location: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

**Event Start Time:** \_\_\_\_\_ **Event End Time:** \_\_\_\_\_

Please check the appropriate spaces below:

✓		YOUTH	ADULT
	Practice	\$10 (per field/hr)	\$15 (per field/hr)
	Games	\$10 (per field/hr)	\$15 (per field/hr)
	Games All Day	\$100	\$125
	Lights: \$15per hour		
	Field Marking: \$50 per field		
	Field Setup: \$25 per field		

User acknowledges that it is operating independently and neither User nor any of User's employees or agents are employees or representatives of Calhoun County Recreation Department harmless from any liability for injury or damage to persons or property resulting from its use of this facility, and shall indemnify Calhoun County Recreation Department for any claims or damages arising hereunder. I understand that once the agreement becomes a reservation I become financially obligated to the terms of the contract. By signing this agreement, I agree to all terms listed in the agreement.

\_\_\_\_\_  
 Responsible Party Printed Name

\_\_\_\_\_  
 Responsible Party Signature

**Please Return to:** *Recreation Office at John Ford Community Center  
 304 Agnes St. Rm B103,  
 St. Matthews, S.C. 29135*

**Recreation Department Use Only**

Approved  Disapproved

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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