

APPLICATION FOR USE OF SOUTHRUN RD.BALLFIELD - **TEAM PRACTICE ONLY**

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Resident Sponsor's Name and Address

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E-Mail Address

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Home Phone

Office Phone

No more than two one-hour sessions may be scheduled by any team. Please indicate your preferred day, time, and field.

	Day(s)	Time(s)	Field(s)
1st Choice:	_____		
2nd Choice:	_____		

Total No. of Team Members: \_\_\_\_\_ Average Age: \_\_\_\_\_ No. of N.F. Players: \_\_\_\_\_

*YOU ARE RESPONSIBLE FOR THE BALLFIELD WHILE YOUR TEAM IS USING IT.  
PLEASE KEEP IT CLEAN AND REPORT ANY DAMAGES TO THE ASSOCIATION OFFICE  
AT 703-451-8563.*

I, the undersigned resident/sponsor of the Newington Forest Community Association, fully understand and do hereby, on behalf of myself and my guests, agree to abide by the rules, regulations, and policies for the use of the Newington Forest ballfield. In exchange for the permission of the Board of Directors of the Newington Forest Community Association to use the ballfield, I, personally, and on behalf of my guests, assume all risks and liabilities incidental to the use of the ballfield and do hereby indemnify, release, and hold harmless the Newington Forest Community Association, its Board of Directors, managing agent, members, and agents from and against any and all claims of any kind whatsoever which may arise or hereafter accrue in connection with my use of the ballfield including the loss, damage, or theft of personal property located on or near the ballfield during use.

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Resident's Signature

Coach's Name

Coach: This form, once approved, will act as your field use permit.

----- FOR OFFICE USE -----

Coach's Name: \_\_\_\_\_

\_Reserved: \_\_\_\_\_

- Day(s) Time(s) Field(s)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*IMPORTANT\*\* USE OF FIELD WHEN WET WILL RESULT IN LOSS OF FIELD RESERVATION!**