

# The Meadows Sports Complex Practice Field Use Application



Name of Event: \_\_\_\_\_ Organization Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Address: \_\_\_\_\_

Please select desired amenities below:

	Reserve	Lights	Mound	Temp Fence
Field Selection	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #1 - 225'	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #2 - 225'	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #3 - 300'	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #4 - 350'	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #5 - Soccer	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #6 - Soccer	<input type="checkbox"/>	<input type="checkbox"/>	X	X
Field #7 - Small Soccer	<input type="checkbox"/>	X	X	X

Dates: \_\_\_\_\_ From: \_\_\_\_\_ a.m./p.m. Until: \_\_\_\_\_ a.m./p.m.  
 Hourly Rental: \_\_\_\_\_ Hours at \$15 per hour (2-hour min) = \$ \_\_\_\_\_  
 Lights: \_\_\_\_\_ Hours at \$5 per Hour = \$ \_\_\_\_\_  
 Daily Rental: \_\_\_\_\_ # of Fields \_\_\_\_\_ # of Days at \$85 per day = \$ \_\_\_\_\_  
 Lights: \_\_\_\_\_ Days at \$15 per day per field = \$ \_\_\_\_\_  
 Total Estimated Amount Due = \$ \_\_\_\_\_ 25% Down Payment = \$ \_\_\_\_\_ Damage Deposit Due = \$ \_\_\_\_\_  
 Please note that a daily rental is for a 12-hour period, an additional charge will be assessed after the 12<sup>th</sup> hour.

I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, and if applicable on behalf of a minor or a person under disability of whom I am parent or guardian, hereby release, indemnify, covenant not to sue and agree to hold harmless release and forever discharge the Town and all other persons, council members, officers, officials, agents, employees, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the activities of and from any and all claims, demands, damages, actions, causes of action, or suits at law or in equity, of whatsoever kind or nature, for all injuries both to person or property resulting from or to result from activities.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy of policies and guidelines received \_\_\_\_\_ initials Proof of Insurance: \_\_\_\_\_

Please return complete application to:  
 Town of Abingdon - Recreation Department  
 P.O. Box 2495  
 Abingdon, VA 24212

Or email them to [kpollard@abingdon-va.gov](mailto:kpollard@abingdon-va.gov)

\*Please attach insurance policy with Town of Abingdon-Recreation Department listed as additionally insured.

### Office Use Only

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_

### Pre-Event Reservation Fees:

Down Payment Received = \_\_\_\_\_ Date Received = \_\_\_\_\_ Damage Deposit Received = \_\_\_\_\_  
 Balance Due on Date of Reservation: Remaining Balance = \_\_\_\_\_ Post Event: Balance Due = \_\_\_\_\_

\*Credit card transactions may be subject to a convenience fee.