



2015 Spring Ball Fields Permit Application

Applications are accepted from January 12 to January 23, 2015
(Spring Season: March 1, 2015 through June 30, 2015)

Activity (check one): ☐ Baseball ☐ Softball ☐ Lacrosse ☐ Soccer ☐ Frisbee ☐ Other: _____

Please answer all questions completely and email this application and required documents to ballfields@bpca.ny.gov by the due date.

- Attach copies of your league's guidelines and by-laws, if applicable.
- A full schedule of games must be submitted with application, if applicable.
- Only complete and typed applications will be considered.
- Permits are issued only if field is available and all paperwork is completed.
- Attach a copy of your organization's 501c3 Tax Exempt Form required for Non-Profit Organizations, if applicable.
- Attach a copy of your organization's Certificate of Liability Insurance.
- Please note that an application does not guarantee you a permit. Requests will be reviewed and applicants will be contacted by BPCA to confirm what times, if any, will be permitted. No fee is required to submit this application but a separate permit fee may apply. If a permit is granted, you and all participants must follow BPCA/BPCPC parks rules and regulations.

SECTION I - Applicant/Organization Information

- 1a. Name of Organization/Department and Division: _____
- 1b. Type of Organization: ☐ Youth Non-Profit ☐ Youth For Profit ☐ Adult Non-Profit ☐ Adult For Profit ☐ Other: _____
2. Name of Applicant: _____ 3. Mailing Address: _____
4. Phone: Day-time: (____) _____ - _____ Night-time: (____) _____ - _____ Cell: (____) _____ - _____
5. Name of on-site contact if different from Applicant: _____ Cell: (____) _____ - _____
6. Have you or anyone in your organization ever applied or received a BPC Ball Fields permit in the past. ☐ Yes ☐ No
If yes, what year(s): ☐ 2014 ☐ 2013 ☐ 2012 ☐ Other: _____

SECTION II – Permit & Participant Information

1. Is request for: ☐ One Field ☐ Two Fields
2. Total number of field hours being requested for one field: _____
3. If **second field requested**, total number of hours requested: _____
4. Date(s) / times requested (Please provide a complete list of dates in sequential order with start and end times.
Attach additional pages if necessary). _____
5. Age of Participants (check all that apply): ☐ 10 & Under ☐ 11-14 ☐ 15-17 ☐ 18 & Over

SECTION III - General Information

1. Do participants in your organization pay a fee to participate: ☐ Yes ☐ No
If yes, what is the total annual revenue from participant fees: \$ _____
2. Number of players anticipated to participate for your requested time(s): _____ Number of teams: _____
3. Does the organization provide any other services for participants: ☐ Yes ☐ No ☐ Not Applicable
If yes, please summarize: _____
4. Number of spectators anticipated: _____ Will the event be advertised: ☐ Yes ☐ No
If yes, briefly describe how/where _____