



REQUIRED INFORMATION FOR SPORTS FACILITY RENTAL CONTRACTS

Date Submitted To The Independence School: _____

DAY OF WEEK PRACTICE REQUESTED: _____

TIME OF DAY/NIGHT PRACTICE REQUESTED: From _____ to _____

DATES REQUESTED (00/00/0000): From _____ to _____

NAME OF TEAM (i.e. DE Rush 98): _____

Girls' Team or Boys' Team RENTAL LOCATION DESIRED: _____

TEAM CONTACT PERSON/COACH

NAME: _____

EMAIL: _____

PHONE:

(_____) _____ Cell Home Work Preferred

(_____) _____ Cell Home Work Preferred

PERSON AUTHORIZED TO SIGN CONTRACT (will be emailed contract for approval/signature):

NAME: _____

MAILING ADDRESS OF ORGANIZATION (To be entered on contract)

Street City State Zip

EMAIL: _____

PHONE:

(_____) _____ Cell Home Work Preferred

(_____) _____ Cell Home Work Preferred

NOTE:

- a.) Once this information has been submitted, approved & signed ANY CHANGES will result in an administrative change fee.
- b.) Please note that billing invoice will not be sent. Payments are required by the due date agreed upon in each contract.
- c.) To ensure proper credit, each check MUST be marked in the memo field with: Name of organization/Name of Team/Day of Use (i.e. DE Rush/U14 Boys' Rush/Thursday)