

School Year 20_____ - 20 _____

APPLICATION FOR USE OF STADIUM

Name of Organization:					
Contact/Responsible Perso	on:				
Address:					
City, State & Zip Code:					
Cell Phone:	Alternate Phone:				
Email Address:					
Event Date:	(each date requires a separate form)			Event Hours:	
Event Admission Price:	Estimated Attendance:			Requested # of Officers:	(Min. 2)
Space Requested:	Newell Field	No	rth Jackson Field	South Jackson Field	
	Hughes Field	Co	ncession Stand	Track	
Equipment Requested:	Scoreboard	Lights _	Chain Set	Pylons & Nun	nbers
Notes: *JPS athletic department *Contact/Responsible per *Two campus enforcemer if spectators exceed 300 p	rson must be present w nt officers are includea	vhile stadium is b	eing used.	ional fee is required for e	xtra officers
<u> </u>	Off	ice Use Only			
Stadium Rental Fee: <u>\$1,50</u>	<u>10</u> Liability Insurance Rec		ed: Pa	Payment Received:	
Money Order #	Cashier	Check #	Pr	incipal Notified (SJ Field)_	

Campus Enforcement Notified _____ Facilities & Operations Notified _____ Field Manager Notified _____