



**FALL 2020 Facility Reservation Form – Jack D. Hughes Ball Park**

RESERVATIONS MUST BE MADE A MINIMUM OF SEVEN (7) DAYS IN ADVANCE FOR PRACTICE AND {30} DAYS IN ADVANCE FOR TOURNAMENT

Today's Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Numbers - Day: \_\_\_\_\_ Night: \_\_\_\_\_

Field(s): \_\_\_\_\_

**\*\* Please note your first choice and your second choice**

**FIELDS CLOSED: Sept. 7 & Oct. 19 – Oct. 30**

Days of Week	Dates	Starting Time	Ending Time
Monday (s)			
Tuesday (s)			
Wednesday (s)			
Thursday (s)			
Friday (s)			
Saturday (s)			
Sunday (s)			

Adult \_\_\_\_\_ Youth \_\_\_\_\_ Game \_\_\_\_\_ Practice \_\_\_\_\_ Tournament \_\_\_\_\_

Description of activity planned:

\_\_\_\_\_

\_\_\_\_\_

Will admission/fee be charged: Yes \_\_\_\_\_ No \_\_\_\_\_ (Please check one)

List admission/fees: \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

List any other requests required of Pineville Parks & Recreation (drag/line fields):

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I hereby certify that I am the authorized and responsible representative of the forenamed sponsoring/user group, and I have received, read, understand and certify that we will comply by the Pineville Park & Recreation Facility Usage/Reservations Policies and I understand that this reservation is not confirmed unless a copy is returned to me with signature of a Parks and Recreation Department representative.

SIGNED:

Organization Representative \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED BY:

Parks and Recreation Dept. Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Fees Received: \_\_\_\_\_ Date: \_\_\_\_\_

Security Deposit: \_\_\_\_\_ Date: \_\_\_\_\_

This form can be mailed to: Pineville Parks & Recreation Department

PO Box 249, Pineville, NC 28134

Or returned to the Belle Johnston Community Center M-F 7am-4pm

704.889.2400

Or emailed to [ehamilton@pinevillenc.gov](mailto:ehamilton@pinevillenc.gov)