



## FALL 2023 Facility Reservation Form – Jack D. Hughes Ball Park

RESERVATIONS MUST BI DAYS IN ADVANCE FOR		MUM OF SEVEN (7) DAYS IN AD	VANCE FOR PRACTICE AND {30}
Today's Date:			
Organization Name:			
Contact Person:			
Address:			
City:		State:	Zip:
E-mail:			
Phone Numbers - Day: _		Night:	
Field(s):			
		oice and your second Oct. 16 – Nov. 5	<u>choice</u>
Days of Week	Dates	Starting Time	Ending Time
Monday (s)			
Tuesday (s)			
Wednesday (s)			
Thursday (s)			
Friday (s)			
Saturday (s)			
Sunday (s)			
Adult Youth Description of activity pl		GamePractice	Tournament

Will admis	ssion/fee be charged: Yes	No (Please ch	eck one)	
List admis	sion/fees:			
Estimated	number of participants:			
List any ot	her requests required of Pinevi	lle Parks & Recreation (dra	g/line fields):	
sponsoring	ark & Recreation Facility Usage med unless a copy is returned t	ed, read, understand and o /Reservations Policies and	ative of the forenamed sertify that we will comply by the I understand that this reservation arks and Recreation Department	on is
SIGNED:				
Organization Representative			Date:	
<u>APPROVEI</u>	O BY:			
Parks and	Recreation Dept. Rep:		Date:	
Fees Rece	ived:	Date:		
Security D	eposit:	Date:		
	This form can be mailed	d to: Pineville Parks & Recr	reation Department	
	PO B	ox 249, Pineville, NC 2813	4	
	Or returned to the Bello	e Johnston Community Cer 704.889.2400	iter M-F 7am-4pm	

Or emailed to ehamilton@pinevillenc.gov