

West Branch Parks and Recreation Field Request Form

Please return completed form to West Branch City Office at 110 N Poplar Street, PO Box 218 West Branch, IA 52358

- City or school sponsored events have a priority of use. Games will have priority over a regular practice time. Scrimmages are considered practice.
- Groups will be granted 1 reservation (1 day per week and 1 time slot).
- After each group, has received 1 reservation, then a 2nd reservation will be granted if requested.
- The city will provide reasonable notice if cancelling a non-school or non-city user.
- Summer League Fields must be dragged after every use by the user.
- Clean up all trash from the fields and area after use.
- Park only in the designated parking areas.
- Put away all equipment and turn off lights.
- Renters and all participants are required to adhere to all facility rules and regulations and conduct themselves in a sportsmanlike manner.
- **Contact Parks and Recreation Director Melissa Russell at 319.930.0393 or melissa@westbranchiowa.org for any questions.**

Field/Court Request Periods for practices and games. Tournament requests are accepted year-round.

- **Request Period 1- January 1st -March 31st** December 1st requests will be accepted.
- **Request Period 2- April 1st -June 30th** March 1st requests will be accepted.
- **Request Period 3- July 1st -September 30th** June 1st requests will be accepted.
- **Request Period 4-October 1st -December 31st** September 1st requests will be accepted.

(Please check the field or court you would like to reserve.)

Summer League Field

- Softball Diamond
- Baseball Diamond
- Baseball and Softball Field
- Batting Cage

Lions Soccer Field

- North Field
- South Field
- North and South Field

Beranek Sand Volleyball Court

- Court 1 (New Court)
- Court 2 (New Court)
- Court 3 (Old Court)
- Court 4 (Old Court)

The field/court is requested for the following activity:

Practice Game Tournament Other (write activity on the line) _____

1st choice: from S M T W T H F S _____ / _____ / _____ to S M T W T H F S _____ / _____ / _____
(Circle day of the week) (Time) (Date) (Circle day of the week) (Time) (Date)

2nd choice: from S M T W T H F S _____ / _____ / _____ to S M T W T H F S _____ / _____ / _____
(Circle day of the week) (Time) (Date) (Circle day of the week) (Time) (Date)

3rd choice: from S M T W T H F S _____ / _____ / _____ to S M T W T H F S _____ / _____ / _____
(Circle day of the week) (Time) (Date) (Circle day of the week) (Time) (Date)

Team/Group Name: _____ Number of people in attendance: _____

Contact: _____ Date: _____ / _____ / _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Proof of insurance on File: Yes or No

Please list any other details on the back of this form.

APPROVED

DENIED

_____ / _____ / _____
 (Authorized Signature) (Date)