

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

## Outdoor Field Rental Request Form

Complete this form and email to [Facilities.Scheduling@jordandistrict.org](mailto:Facilities.Scheduling@jordandistrict.org).

**Note: This is not a confirmation of your rental request. Once received by Jordan School District, we will reply as soon as possible. For rental information, please refer to the Facilities Rental Guidelines at (attach link).**

League Name: \_\_\_\_\_ Affiliated w/SL County Sports  
Office: Yes  No   
Contact Name: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

Resident of Jordan School District?		Yes	No		
Activity:	Soccer <input type="checkbox"/>	Baseball <input type="checkbox"/>	Football <input type="checkbox"/>	LaCrosse <input type="checkbox"/>	Other <input type="checkbox"/>
1-3 Months <input type="checkbox"/>	4-6 Months <input type="checkbox"/>				
Start Date:		End Date:			
Day(s) of the Week:					
Actual Arrival Time(s):					
Actual Departure Time(s):					
Number of participants:					
Ages of Players:					
Can you provide current Certification of Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Preferred Location: 1 <sup>st</sup> choice					
Preferred Location: 2 <sup>nd</sup> choice					
Comments:					

### BELOW FOR OFFICE USE ONLY

Confirmed <input type="checkbox"/> Declined <input type="checkbox"/> Reason:	
School Name:	
Backstop/Field Location:	Port-a-Potty Needed <input type="checkbox"/>
Insurance Provided: <input type="checkbox"/>	
Completed By/Date:	