



# Field/Event Request

Submit application to:  
701 Main Avenue  
Fargo, ND 58103  
sludwig@fargoparks.com

- Complete to request outdoor fields or if you are interested in hosting an Adult or Youth Event at any Fargo Park District location.
- All requests are assigned/approved by the Fargo Park District. No event date is guaranteed.
- If changes are needed, you must notify Shawn Ludwig 14 days prior to the reservation by email at sludwig@fargoparks.com.
- If your event exceeds 8 fields, additional evaluation will be done as more restrooms and vendors may be needed.
- Once your request has been confirmed, a Facility Use Agreement will be emailed.
- Proof of liability insurance in the amount of not less than \$1,000,000.00 with the Fargo Park District listed as the additional insured is required.
- Refund Policy: Cancellations must be made five (5) days or more prior to the date scheduled for a full refund. If the applicant does not give notice of cancellation prior to the five (5) day notice, the applicant will be responsible for the full rental fee.

## APPLICANT INFORMATION

CONTACT NAME		ORGANIZATION/GROUP	
STREET ADDRESS			
CITY		STATE	ZIP
DAYTIME PHONE	CELL PHONE	EMAIL	

## TOURNAMENT/EVENT INFORMATION (if applicable)

EVENT NAME		TYPE OF ACTIVITY/SPORT	
NUMBER OF TEAMS PARTICIPATING (Estimate)	AGE OF PARTICIPANTS	<input type="checkbox"/> YOUTH (18 & under)	or <input type="checkbox"/> ADULT

PLEASE SELECT ALL THAT APPLY :

Selling Food  Selling Alcohol  Selling Merchandise  Collecting Gate Fee  Other \_\_\_\_\_

**\*\*Charging for parking is not allowed.**

**\*\* 10% of all sales will be payable to the Fargo Park District within 14 days of the conclusion of the event.**

**DESCRIPTION—Provide a detailed description of your event, including any equipment such as tables, chairs, pop-up tents, etc. that will be brought in or requested as well as any requests for additional bathrooms or lights (which may incur additional fee).**

**Please attach schedules/documents with this information.**

## LOCATIONS REQUESTING

Facility Requesting	Fields Needed	Start Date	End Date	Days of the Week	Times
				M TU W TH F SA SU <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
				M TU W TH F SA SU <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_