



Denver Parks + Recreation

ATHLETIC ORGANIZATION INFORMATION FORM

PRIMARY CONTACT INFORMATION (Please complete and submit to the Facility Use Permit Office with athletic application.)

Organization Name _____

Organization Representative _____

Address _____

City _____ Zip _____

Home Phone _____

Business Phone _____

Cell Phone _____ E-mail _____

Season Spring

Summer

Fall

Age Category Youth

Adult

Would you like us to publicize your organization's information? Yes No

If yes, please indicate phone number to call:

Please complete the following information for each sport per season.

| | | | | |
|-----------------------------|-------------------------|-----------------------|-------------------------------------|-----------------------------------|
| Type of Sport: _____ | No. of Players _____ | No. of Teams _____ | No. of Denver Residents _____ | No. of Non- Residents _____ |
|-----------------------------|-------------------------|-----------------------|-------------------------------------|-----------------------------------|

| | | | | |
|-----------------------------|-------------------------|-----------------------|-------------------------------------|-----------------------------------|
| Type of Sport: _____ | No. of Players _____ | No. of Teams _____ | No. of Denver Residents _____ | No. of Non- Residents _____ |
|-----------------------------|-------------------------|-----------------------|-------------------------------------|-----------------------------------|

| | | | | |
|-----------------------------|-------------------------|-----------------------|-------------------------------------|-----------------------------------|
| Type of Sport: _____ | No. of Players _____ | No. of Teams _____ | No. of Denver Residents _____ | No. of Non- Residents _____ |
|-----------------------------|-------------------------|-----------------------|-------------------------------------|-----------------------------------|

Signature _____ Date _____

