

MUSCATINE SOCCER COMPLEX
 FACILITY REQUEST FORM
 Facility Open: April 1 – November 1

ORGANIZATION/CLUB: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ (Day) _____ (Evening)

AGE GROUP: _____

Day & Dates	Number of Fields	Time (Begin-End)	Practice	Games

SPECIAL REQUESTS OR COMMENTS: _____

The CITY OF MUSCATINE is not responsible for personal injuries or damages to property of participants involved in programs or facilities sponsored by the MUSCATINE PARKS and RECREATION DEPARTMENT. I, the undersigned, acknowledge that I have read the rules, regulations, and conditions and I, my group and/or association will abide by the rules, regulations, and conditions.

The City of Muscatine reserves the right to schedule games on un-used fields. Exclusive complex usage requests will be considered upon facility and scheduling demands.

SIGNATURE _____ DATE _____

* Attach schedules or any additional information to this sheet! *

Return to: Muscatine Parks and Recreation
 215 Sycamore Street
 Muscatine IA 52761